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101st Congress
*1st Session*

SENATE

Rept. 101-4
Volume 2

# DEVELOPMENTS IN AGING: 1988
# VOLUME 2—APPENDIXES

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## A REPORT

OF THE

## SPECIAL COMMITTEE ON AGING
## UNITED STATES SENATE

PURSUANT TO

S. RES. 381, SEC. 19, FEBRUARY 26, 1988

Resolution Authorizing a Study of the Problems
of the Aged and Aging

Ordered to be printed

S143-2

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# LETTER OF TRANSMITTAL

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U.S. Senate,
Special Committee on Aging,
*Washington, DC, February 28, 1989.*

Hon. J. Danforth Quayle,
*President, U.S. Senate,*
*Washington, DC.*

Dear Mr. President: Under authority of Senate Resolution 381, agreed to February 26, 1988, I am submitting to you the annual report of the U.S. Senate Special Committee on Aging, Developments in Aging: 1988, volume 2.

Senate Resolution 4, the Committee Systems Reorganization Amendments of 1977, authorizes the Special Committee on Aging "to conduct a continuing study of any and all matters pertaining to problems and opportunities of older people, including, but not limited to, problems and opportunities of maintaining health, of assuring adequate income, of finding employment, of engaging in productive and rewarding activity, of securing proper housing and, when necessary, of obtaining care and assistance." Senate Resolution 4 also requires that the results of these studies and recommendations be reported to the Senate annually.

This report describes actions during 1988 by the Congress, the administration, and the U.S. Senate Special Committee on Aging, which are significant to our Nation's older citizens. It also summarizes and analyzes the Federal policies and programs that are of the most continuing importance for older persons, their families, and for those who hope to become older Americans in the future.

On behalf of the members of the committee and its staff, I am pleased to transmit this report to you.

Sincerely,

David Pryor, *Chairman.*

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101st Congress
*1st Session*

SENATE

Rept. 101-4
Volume 2

# DEVELOPMENTS IN AGING: 1988

## VOLUME 2—APPENDIXES

February 28, 1989.—Ordered to be printed

Mr. Pryor, from the Special Committee on Aging, submitted the following

# REPORT

# APPENDIXES

## Appendix 1

## ANNUAL REPORT OF THE FEDERAL COUNCIL ON THE AGING

December 1, 1988.

Dear Mr. Chairman: On behalf of the Federal Council on the Aging, I am pleased to submit a preliminary summary of the 1988 annual report.

This document examines the history and present membership of the Council. It also highlights the various positions taken by the Council on a number of legislative and other issues concerning the well-being of the elderly. We are hopeful that the Council's view will be considered as the 101st Congress convenes for its first session.

We appreciate the continuing interest of the Special Committee on Aging and look forward to another year of cooperative efforts with committee members and staff toward our mutual goal of service to older Americans.

Sincerely,

Ingrid C. Azvedo, *Chairman.*

### Summary of the 1988 Annual Report

### I. INTRODUCTION

### *A. Background*

The Federal Council on the Aging (FCoA) is the functional successor to the earlier and smaller Advisory Council on Older Americans, which was created by the 1965 Older Americans Act. In 1973, when the FCoA was created, Congress was concerned about Federal responsibility for the interests of older Americans, and the breadth of vision that such responsibility would reflect. Having decided to upgrade the existing advisory committee, Congress patterned the legislative language authorizing the FCoA after the charter of the U.S. Commission on Civil Rights.

The FCoA is authorized by Section 204 of the Older Americans Act, as amended. The Council is composed of 15 members appointed by the President and the Congress. Council members, who are appointed for 3-year terms, represent a cross-section of rural and urban older Americans, national organizations with an interest in aging, business and labor, and the general public. According to statute, at least nine members must themselves be older individuals.

The President selects the Chairperson of the Council from the appointed members. The FCoA is mandated to meet at least quarterly, and at the call of the Chairperson.

Functions of the Council include:

—Continually reviewing and evaluating Federal policies and programs affecting the aging for the purpose of appraising their value and their impact on the lives of older Americans;

—Serving as spokesperson on behalf of older Americans by making recommendations about Federal policies regarding the aging and federally conducted or assisted programs and other activities relating to or affecting them;

—Informing the public about the problems and needs of the aging by collecting and disseminating information, conducting or commissioning studies and publishing their results, and by issuing reports; and

—Providing public forums for discussing and publicizing the problems and needs of the aging and obtaining information relating to those needs by holding public hearings and by conducting or sponsoring conferences, workshops, and other such meetings.

The Council is required by law to prepare an annual report for the President by March 31 of the ensuing year. Copies are distributed to Members of Congress, governmental and private agencies, institutions of higher education and individual citizens interested in FCoA activities.

Funds appropriated for the Council are a line item in the overall appropriation of the Department of Health and Human Services (DHHS). These funds are used to underwrite meetings of the Council, to support staff, and publish information tracts authorized by the Council.

The results of its public meetings and activities concerning issues and policies affecting older Americans are shared with the President, Congress, the Secretary of DHHS, the Assistant Secretary for Human Development Services (HDS), the Commissioner of the Administration on Aging (AoA), and others interested in the well-being of older Americans.

### *B. Members of the Federal Council on the Aging*

Ingrid C. Azvedo, Chairman of the Federal Council on the Aging, Elk Grove, CA.
Oscar P. Bobbitt, Executive Director, Texas Department on Aging, Austin, TX.
Virgil S. Boucher, Advocate for Crime Against the Elderly, Peoria, IL.
Mary S. Burdge, Private Citizen and Volunteer Programs, Spokane, WA.
Newton Dodson, Executive Director, Reg I Mental Health Center, Clarksdale, MS.
Kathryn Dusenberry, Business Executive and Former Member of Pima County Board of Supervisors, Tucson, AZ. (Exp. 12/29/88)
Jon B. Hunter, Director, Region VI Area Agency on Aging, Fairmont, WV. (Exp. 12/17/88)
Frances S. "Peg" Lamont, State Senator, Aberdeen, SD.
Tessa Macaulay, Gerontology, Florida Power & Light Company, Miami, FL.
Mary E. Majors, Private Citizen and Volunteer Programs, Cedar Falls, IA.
Russell C. Mills, Ph.D., Retired Director of Gerontology Center, Mission Hills, KS. (Exp. 12/17/88)
Josephine K. Oblinger, J.D., Advocacy, Governor's Office of Senior Involvements, Springfield, IL.
Edna "Bonny" Russell, Ed.D., Former Chairman, California State Commission on Aging, Atherton, CA. (Exp. 12/29/88)
Gloria Sherwood, Mental Health Practitioner & Real Estate Broker, Beverly Hills, CA.
Albert Lee Smith, Jr., Positive Maturity-Retired Senior Volunteer Program, Birmingham, AL.

### *C. Calendar 1988 Meeting Dates*

The Council met four times during the year 1988, as required by the Older Americans Act. The meeting dates were February 17 and 18, May 18 and 19, August 24 and 25, and November 17 and 18. Three of the meetings were held in Washington, D.C. The November meeting was held in San Francisco, CA.

All FCoA meetings were anounced in the Federal Register and notices of the meetings sent to representatives of national organizations, staff of various Federal agencies, and to congressional Members and committees interested in or responsible for aging. Minutes are distributed to individuals who attended the meetings and to any interested parties who request them. Publications and documents pertinent to official actions are maintained in the Office of the Council and are available to the general public. The FCoA mailing address is: Room 4545, Wilbur J. Cohen Federal Building, 330 Independence Avenue, S.W., Washington, D.C. 20201-0001.

### *D. Council Meetings Scheduled for Calendar 1989*

In calendar year 1989, the Council will meet March 19-20-21, June 7-8, August 30-31, and November 8-9.

## II. ACTION OF THE FEDERAL COUNCIL ON THE AGING DURING CALENDAR YEAR 1988

### *A. Development of a Plan for the 1991 White House Conference on Aging*

Following the plan first detailed in its 1986 Annual Report to the President, and developed in 1987, the Federal Council on the Aging (FCoA) let a contract to the University of Illinois at Chicago to develop an orderly, relevant and economically reasonable scenario for the 1991 White House Conference on Aging. The Council, following the mandate of the 1987 Reauthorization of the Older Americans Act (P.L. 100-175) plans to submit the resultant plan to the Secretary of HHS in March of 1989. As part of the plan development of FCoA held a Forum during its November meeting. The Forum was part of the Gerontological Society of America Conference held in San Francisco. Twenty-seven witnesses presented testimony before the Council. This testimony will be used in developing the final plan. Witnesses included the following: Dr. Helen Kerschner, American Association for International Aging; Dr. John Skinner, Association of Gerontology in Higher Education; Alice Gonzalez, California Department of Aging; John Cornman, Gerontological Society of America; Martha Holstein, American Society on Aging; Carmela Lacayo, Asociacion Nacional Pro Personas Mayores; Rene Solomon, Brookdale Institute on Aging; Jerome R. Waldie, Active Member, National Association of Retired Federal Employees; Nancy Brand, National Association of RSVP Directors; Valerie L. Levy, National Caucus and Center on Black Aged, Inc., Martha A. McSteen, National Committee to Preserve Social Security & Medicare; Daniel Thursz, National Council on the Aging, Inc., Saul Freedman, American Foundation for the Blind; Rev. Thomas Robb, National Interfaith Coalition on Aging; Louise M. Kamikawa, National Pacific/Asian Resource Center on Aging; Dr. Phoebe Liebig, Andrus Gerontology Center/University of Southern California; Robert Harootyan, American Association of Retired Persons; Dr. Russell W. Hereford, Brandeis University; Marion Lupu, Pima Council on Aging; Dr. Harvey Sterns, University of Akron; Dr. Louis Rowitz, University of Illinois at Chicago; Dr. Carl Eisdorfer, University of Miami; Dr. Sue Morrissey, American Nurses' Association; Virginia Zachert, Georgia Silver Haired Legislature; Connie Benton Wolfe, National Association of Nutrition & Aging Services Programs; Ellen McKay, Catholic Diocese of Lansing; and Janet Levy, 1981 WHCoA Implementation Committee.

### *B. Intra-State Targeting of Federal Funds to Older Americans Act Designated Groups*

So that a clearer picture might be drawn as to how States were attempting to follow the Congressional mandate for targeting OAA funds, the FCoA held a forum during its August meeting in Washington, D.C. The Council learned that this issue was becoming an ever-more contentious one in some States with State Departments on Aging facing legal action as a result of their intra-State funding formulas. FCoA staff in preparation for the Forum prepared an index of the 50 State funding formulas. This index and a text of the Forum may be a FCoA print in 1989. Witnesses included: Cynthia Taeuber of the Bureau of the Census; Joan Van Nostrand of the National Center for Health Statistics; Dr. Robert Binstock, Case Western Reserve University; Margaret Lynn Duggar, Director of Aging Services, Department of Health & Rehabilitative Services, Tallahassee; Tom Kelly, Human Resources Subcommittee, House Education & Labor Committee; Dianne Porter, Senate Human Resources Subcommittee; and Dr. Joyce Berry, Administration on Aging.

### *C. Guardianship Standards and Guidelines for State Legislatures and Law Professionals*

In the larger category of Elder Rights the FCoA chose to focus on guardianship for a forum during its May meeting. From the material presented and testimony given the FCoA sent to all State Departments of Human Services a set of guidelines and standards developed through an AoA grant by the Michigan State Department on Aging and the Center for Social Gerontology, Inc. The list of forum witnesses included: Nancy Coleman, American Bar Association; Penelope Hommel, The Center for Social Gerontology; Olivia P. Maynard, Michigan Agency on Aging; National Association of Counties—Barbara L. Gradet, Baltimore Co., MD.; Ann Marie Spiardi, Mercer Co., PA.; Joy Wilson, National Conference on State Legislatures.

### *D. Aging America: Trends and Projections 1987–88 Edition*

Participating, for the second time, in a cooperative effort with the Administration on Aging, Senate Special Committee on Aging and AARP, the FCoA participated in the development, printing and distribution of 18,000 copies of the demographic report—*Aging America: Trends and Projections, 1987–88.*

In mid-year the National Federation of State High School Associations suggested that this text would greatly help high school debate teams, throughout the country, research the 1988–89 National High School Debate Topic which dealt with the graying of America. The FCoA members authorized the funding of 5,000 additional copies, 3,500 of which were sent to participating debate teams and students.

### *E. Long-Term Care Insurance—The Role of the Insurance Industry*

After studying this issue and hearing experts from both the private and public sectors, the FCoA called on the insurance industry to work with the Congress in drafting legislation that encourages individuals to purchase, on their own or through employers, a savings plan to meet long-term health care needs. The alternative is a staggering cost to the Federal government whose estimated long-term health care expenditures in 1988 are estimated to be in excess of $46 billion.

### *F. Procedure for Federal Council on the Aging to Establish Positions on Important Legislation Effecting Older Americans. Adopted Feb. 18, 1988*

"The Federal Council on the Aging may select major legislative issues annually on which it has developed or feel the necessity to define a position and to communicate that position to the appropriate legislative and executive leadership. Issues must be endorsed by at least two-thirds of the members."

### *G. Public Service Programs by HHS on Educating America Regarding Realities of Aging Urged by FCoA*

So that young and old alike might more realistically address the phenomenon of an aging America, members of the Council call for the Commissioner on Aging to consult with the Secretary of HHS in establishing an ongoing media wide public service program which will bring the senior population announcements and information that will maintain and/or improve their quality of life as well as their economic and social well-being. This media exposure will also educate younger age groups concerning the needs and realities of their future well-being.

## III. FUTURE DEVELOPMENTS

### *A. 1991 White House Conference on Aging Committee*

The successful completion of a workable and appropriate plan for the new Secretary of HHS to use as a guide for the authorized 1991 White House Conference on Aging is a priority for the FCoA and is planned for delivery in mid-March of 1989.

### *B. Targeting, Accountability and Organization*

This committee will continue its work in studying intra-State funding formulas and their effectiveness in the distribution of Federal funds as spelled out in the Older Americans Act. The text of the targeting forum may be cleared for printing and distribution by the Council in 1989.

### *C. Quality of Life and Housing Committee*

While continuing to encourage States to update guardianship standards and guidelines, this committee has urged the FCoA to recommend the Department of Housing & Urban Development to maintain the Low-Income Housing Tax Credit for nonprofit corporations. This program is gaining support in the States and is displaying the promise the Council anticipated in its 1986 Annual Report.

### *D. Health Insurance Committee*

This committee will continue its efforts calling for the Congress and the life insurance industry to work together in drafting long-term care legislation that will allow a realistically larger role for the insurance industry in the funding of long-term care needs of an aging population while reducing the projected staggering costs to the Federal Government.

### *E. Public Education and Employment Committee*

To aid in the provision of informational and educational needs of older Americans, a clearer and more realistic definition of elderly is emphasized by this committee most especially in the emerging areas of senior employment and the quality of life issues. A key concern of this committee and the entire Council is the continued broad distribution of current and meaningful demographics, most especially as preparations for the 1990 census are already underway.

## Appendix 2

# REPORTS FROM FEDERAL DEPARTMENTS AND AGENCIES

## ITEM 1. DEPARTMENT OF AGRICULTURE

December 2, 1988.

Dear Senator Melcher: This letter is a followup to our October 27, 1988, letter to you concerning the Annual Report of the Senate Special Committee on Aging.

Please find enclosed reports from the following USDA agencies:

1. Agriculture Research Service
2. Cooperative State Research Service
3. Economic Research Service
4. Extension Service
5. Food and Nutrition Service

We are awaiting a report from Forest Service, and have been advised that their report will be in our office before December 15, 1988. As soon as it is received, it will be forwarded to you.

If you have any questions concerning this matter, please let me know.

Sincerely,

John J. Franke, Jr.,
*Assistant Secretary for Administration.*

Enclosures.

## AGRICULTURAL RESEARCH SERVICE

### Research Related to the Elderly

Studies are conducted at the USDA Human Nutrition Research Center on Aging (HNRCA) at Tufts University, Boston, Massachusetts, which address the following problems of the aging:

1. What are nutrient requirements to insure optimal function and well being for an aging population?
2. To what extent can proper nutrition prevent or slow the progressive loss of tissue function with aging?
3. What, if any, is the role of nutrition in the genesis of major degenerative conditions associated with the aging process?

In addition, studies are performed at the Beltsville Human Nutrition Research Center (BHNRC), the Grand Forks Human Nutrition Research Center (GFHNRC), and the Western Human Nutrition Research Center (WHNRC) on the role of nutrition in the maintenance of health and prevention of age-related conditions, including cancer, coronary heart disease, hypertension and diabetes. A list of Agricultural Research Service projects related to nutrition and the elderly is attached.

<table>
<tr><th>Investigator</th><th>Institution</th><th>Title of Project</th><th>Project Period</th><th>Funding Level FY 1988</th></tr>
<tr><td>o Ernst Schaefer</td><td>HNRCA</td><td>Lipoproteins, Nutrition & Aging</td><td>01/10/84-30/09/88</td><td>$1,205,380</td></tr>
<tr><td colspan="5">Abstract: Studies are directed to the effect of fatty acids and other dietary factors on lipid metabolism as related to aging. A specific Apo A-1 gene polymorphism has been found which correlates with genetic HDL cholesterol deficiency.</td></tr>
<tr><td>o Peter Libby</td><td>HNRCA</td><td>Nutrition, Aging & Cardiovascular Metabolism & Function</td><td>01/10/84-30/09/87</td><td>$ 321,948</td></tr>
<tr><td colspan="5">Abstract: This project is directed at interactions of cardiovascular cells with nutrients and factors influenced by diet. Human vascular endothelial cells express genes for platelet-derived growth factor in a regulated manner, while genes for the immunoregulatory and inflammatory mediator Interleukin-1 are expressed in an inducible manner.</td></tr>
<tr><td>o Bess Dawson-Hughes</td><td>HNRCA</td><td>Role of Nutritional Factors in Preventing Age-Related Loss of Bone Density</td><td>01/10/83-30/09/88</td><td>$1,475,320</td></tr>
<tr><td colspan="5">Abstract: A placebo-controlled, double-blind calcium supplement field trial is underway, in which 360 healthy postmenopausal women will be studied for 5 years to determine the level of dietary calcium required to minimize bone loss and maintain normal blood pressure over a long period.</td></tr>
<tr><td>o A. Taylor</td><td>HNRCA</td><td>Effects of Nutrition & Aging on Eye Lens Proteins & Protease</td><td>01/10/84-30/09/89</td><td>$ 664,744</td></tr>
<tr><td colspan="5">Abstract: Antioxidants (vitamin C) have been found to reduce the oxidation of lens proteins in the eye associated with their aggregation and eventual precipitation from the lens in the form of eye lens cataracts. Moreover, guinea pigs fed high vitamin C containing diets had higher levels of vitamin C in their lens and were more resistant to photoirradiation damage.</td></tr>
<tr><td>o S. Hartz</td><td>HNRCA</td><td>Nutrition Epidemiology & Aging</td><td>01/10/84-30/09/88</td><td>$ 753,514</td></tr>
<tr><td colspan="5">Abstract: Epidemiological studies are designed to identify the determinants of nutritional status in the elderly and to relate nutritional status to health and well-being. A nutritional status survey involving 1,016 free living and institutionalized subjects revealed that nutritional supplements were being used by 45% of the males and 55% of the females. Considering nutrients from diet alone, more than 15% of the subjects between 60 and 98 years of age have intakes less than 2/3 the RDA for vitamins A, D, B-6, B-12, folacin, calcium, and zinc.</td></tr>
</table>

- R. Russell, J. Sadowski — HNRCA — Micro-Nutrient Requirements of the Elderly — 01/12/84-30/09/88 — $ 984,596

Abstract: Studies are being done on the dietary requirements of the elderly for folacin, vitamin-B-12, pyridoxine, vitamin D and K. Aging has been found to decrease the capacity of human skin to produce vitamin D-3 from its precursor, cholesterol.

- W. Evans — HNRCA — Macro-Nutrient Requirements of the Elderly — 01/12/84-30/09/88 — $1,408,612

Abstract: Studies are being done on the amino acid (protein) and calcium requirements of the elderly.

- R. Russell — HNRCA — Bioavailability of Nutrients in the Elderly — 01/06/85-30/09/88 — $1,851,354

Abstract: Atrophic gastritis occurs in 20% or more of the elderly. This results in reduced absorption in the stomach, increase in pH of the upper small intestine and microbiological overgrowth. Folate and vitamin B-12 absorption in the stomach is reduced in the elderly with atrophic gastritis, especially when anti-microbial agents are administered.

- W. Evans — HNRCA — Relationship Between Aging, Functional Capacity, Body Composition and Nutrient Needs — 01/10/84-30/09/88 — $1,531,630

Abstract: The broad objectives are to explore interactions among nutrition, exercise and aging and to try to understand how regular exercise activity affects energy expenditure, functional capacity and nutritional requirements in the elderly.

- B. Gilchrest — HNRCA — Nutrition and Aging in Skin Derived Cells — 01/10/84-30/09/88 — $ 484,211

Abstract: This involves the in vitro study of the effect of calcium, strontium, vitamins A, D, and carotenoids on growth of keratinocytes and fibroblasts and on the differentiation of keratinocytes. It has been found that calcium stimulates growth of fibroblasts and this effect is age dependent. Myo-inositol has been found to stimulate growth of keratinocytes. Beta carotene has been found to protect keratinocytes against damage from ultraviolet irridation.

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| o | J. Blumberg | HNRCA | Role of Nutrition and Free Radical Reactions in Age and Drug-Associated Changes | 01/10/84-30/09/88 | $ 675,002 |

Abstract: The research goals of this project are to understand the role of nutrients and xenobiotics on free radical formation, metabolism and membrane peroxidation as related to aging.

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| o | J. Blumberg | HNRCA | Nutrition, Aging, and Immune Response | 01/10/86-30/09/88 | $ 675,002 |

Abstract: This project focuses on the effects of specific nutrients (vitamin A, C, E, selenium, iron and dietary fat) on immune response in animals and man. Preliminary data show that pharmacologic doses of vitamin E in the diet of aged mice enhance skin reactivity to various antigens.

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| o | P. P. Nair | BHNRC | Dietary Fat & Steroid Metabolism in Relation to Cancer Risk in Healthy Adults | 23/07/84-30/09/89 | $ 475,397 |
| o | P. P. Nair | BHNRC | Relation Between Nutrition, Aging & Mutagenicity | 26/09/85-30/09/87 | 0 |
| o | P. P. Nair | BHNRC | Relationship to Cancer Risk in Healthy Adults of Dietary Fat & Steroid Metabolism | 01/10/85-18/09/88 | 0 |

Abstract: This involves research on dietary lipids and their influence on human health, especially as related to the prevention of cancer, and the role of nutrition in delaying the process of aging with special reference to the susceptibility of carcinogenesis. Also, the relationship of dietary fat and other nutrients to age-related disorders as reflected by changes in sterol and bile acid metabolism, fecal mutagenesis and glutathione sulfatransferase.

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| o | O. A. Levander | BHNRC | Role of Selenium and Vitamin E in Human Nutrition | 26/04/82-26/04/87 | $ 246,363 |
| o | O. A. Levander | BHNRC | A Further Epidemiological Survey of Human Selenium Toxicity in a Seleniferous Area in China | 01/10/85-31/03/87 | 0 |

Abstract: These include studies on the functions and biomedical mode of action of selenium and vitamin E and their interrelationships. Studies on bioavailability of food sources, physiological needs under varying conditions, and methods of assessing nutritional status are involved.

- S. J. Bhathena BHNRC Dietary Regulation of Receptors of Hormones Involved in Carbohydrate and Lipid Metabolism 31/08/83-31/08/88 $ 212,335

Abstract: Studies on the effects of dietary carbohydrates on tissue receptors of hormones such as insulin are performed in experimental animals and humans. The role of opiates as related to appetite in obesity will be investigated.

- K. M. Behall BHNRC Effect of Refined Carbohydrates or Fibers on Metabolic Responses and Nutrient Utilization 30/04/85-30/04/90 $ 138,666

Abstract: Studies are done on the effects of chemically-defined dietary fiber on metabolic and physiological processes associated with heart disease, diabetes, bowl function and mineral balance in humans. These studies include interactions between oral contraceptives and dietary carbohydrates.

- S. Reiser BHNRC Effect of Dietary Fructose on Lipogenesis, Glucosetolerance & the Bioavailability of Trace Minerals 01/10/85-30/09/90 $ 378,300

Abstract: This involves studies of the effects of different dietary carbohydrates on metabolic risk factors associated with diseases, including diabetes and coronary heart disease, in experimental animals and humans. This includes metabolic characterization of carbohydrate sensitive persons and interactions between carbohydrates and other nutrients.

- O. E. Michaelis BHNRC Carbohydrate & Age Effects on Glucose Tolerance & Lipogenesis in Carbohydrate-Sensitive Models 01/04/86-31/03/89 $ 133,755

Abstract: The effects of feeding various carbohydrates to experimental animals with specific genetic predisposition toward obesity, hypertension, glucose intolerance and how genetics interacts to produce metabolic defects are under study.

- D. L. Trout BHNRC Effects of Diet & Eating Patterns on Gastric Emptying, Rate-Controlling Step for Absorption 01/04/86-31/09/89 $ 146,982

Abstract: Studies are directed to determine the gastrointestinal responses to dietary carbohydrates, including the effects of carbohydrates on gastric emptying, digestion, absorption, and secretion of gastrointestinal hormones.

- R. A. Anderson BHNRC Bioavailability & Function of Chromium 15/02/85-15/02/90 $ 251,434

Abstract: Research is conducted on the effects of marginal or deficient intakes of chromium on carbohydrate metabolism and human performance. Adequate chromium intake is associated with a decrease in diabetes and cardiovascular disease.

- L. M. Klevay GFHNRC Cardiovascular Growth, Metabolism & Function: Effects of Copper, Trace Elements & Modifying Factors 03/03/86-02/03/91 $ 601,504

Abstract: This study is on the effects of copper deprivation on metabolic pathways and the cardiovascular system. Copper deficiency produces coronary heart disease in rats.

- T. R. Kramer GFHNRC Importance of Nutrition in Host-Defense System for Disease Resistance 01/03/86-29/02/91 $ 268,623

Abstract: The objectives of this project are to establish the effect of copper, iron, and zinc and their interaction on macrophage function morphology, the source of supressor macrophages, and degrees and mechanisms of supressor activity by macrophages on T-lymphocytes proliferation.

- G. J. Nelson WHNRC Requirements for Dietary Fats in Humans 01/03/85-30/09/89 $ 766,348

Abstract: The objectives of this project are to investigate the requirements for dietary lipids in humans and their effects on blood lipids, blood pressure, blood clotting and the maintenance of normal physiological processes.

- H. Munro HNRCA Impact of Nutrition on Cell Programming and Regulation During Aging 01/10/84-30/09/89 $ 334,116

Abstract: The nutrition and cell programming laboratory is assessing the adequacy of protein intake, and examining the impact of aging on the capacity of an iron-phosphorus complex, intercellular ferritin, to protect aging cells and tissues against iron toxicity.

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| o I. Rosenberg | HNRCA | Genetic Variation in Nutrient Utilization and Metabolism as Related to Requirements of the Elderly | 28/02/88-28/02/89 | $ 272,040 |

Abstract: Dietary factors which relate to gene function will be studied. A workshop is planned.

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| o R. Prior | HNRCA | Assessment of Nutritional Status and Requirements for Amino Acids and Protein in the Elderly | 28/02/88-30/06/91 | $ 306,148 |

Abstract: Studies are underway to determine the variation in amino acid levels in the blood of elderly persons and to determine the dietary need for those amino acids which may be limiting in protein synthesis. Special attention is being given to arginine and control of ammonia levels in the gut.

## HIGHLIGHTS OF RESEARCH FINDINGS RELATED TO NUTRITION AND PREVENTION OF DISORDERS ASSOCIATED WITH AGING

### VITAMIN E MAY IMPROVE THE IMMUNE RESPONSE IN THE ELDERLY

Aging is associated with declines in immune responsiveness due partially to increases in lipid peroxidation and prostaglandin formation. Dietary vitamin E supplementation in senescent mice increases immune responses presumably through decreased splenic prostaglandin E2 synthesis. Mice fed calorically restricted diets which prolong their life span and enhance immune responsiveness also decreased splenic prostaglandin E2 synthesis. Old mice possess significantly less natural killer cell activity than young mice. Vitamin E supplementation of old mice produced an increase in natural killer cell activity. The results of a preliminary study with 34 men and women over age 60 revealed that supplements with a high level of vitamin E did improve two parameters of immume response; but more work is required to determine if lower levels are effective. Nutritional manipulation of the aged immune system with vitamin E or other dietary antioxidants may be a practical and inexpensive approach to improving the declining immune responsiveness of the elderly.

### DIETARY FAT AND FIBER LEVELS AFFECT RISK FACTORS

Recommendations for decreasing fat and increasing fiber intake have been made by several health agencies. In spite of this, the precise effects of a low-fat/high-fiber diet on various metabolic parameters remain unknown. In a controlled dietary study, 42 healthy men, 19–56 years of age, consumed a low-fat high-fiber (modified) diet and a high-fat, low-fiber (regular) diet, for two 10-week periods in a crossover design. Fat was reduced from 40 percent of calories in the regular diet to 19 percent in the modified diet. Neutral detergent fiber was increased from 12.2 g (regular) to 31.1 g (modified). Blood lipids and lipoproteins, important risk factors for cardiovascular disease, were lowered by the modified diet. Low density lipoprotein cholesterol was reduced 18–21 percent by the modified diet. However, both LDL and HDL cholesterol were lowered in the same proportion.

### IMPROVED METHOD DEVISED TO MEASURE VITAMIN B–6 STATUS

A newly automated test, based on known chemical interactions between vitamin B–6 and red blood cell enzymes (alanine aminotransferase and aspartate aminotrasferase), requires only a few drops of blood to check the activity level of the two enzymes before and after B–6 is added to the sample. The vitamin must be present for the enzymes to function. The increase in enzyme activity from added vitamin B–6 accurately indicates an individual's B–6 status. The improved procedure is simple to run and can analyze up to 100 samples a day with an automated chemistry analyzer, an instrument found in most labs. Most likely candidates for vitamin B–6 deficiency are females over the age of 15 and elderly men. Severe deficiency can result in skin disorders, nausea, vomiting, and central nervous system problems.

### DIET AND EXERCISE STUDIED IN THE ELDERLY

The effects of aerobic exercises were compared in young and elderly men and women. Increases in functional capacity were found to be similar between the two groups, although the older subjects demonstrated peripheral adaptations in skeletal muscle. The effects of high resistance strength training were examined in elderly men, with half receiving a daily calorie and protein supplement. Muscle strength, total thigh and muscle areas, and Type I and II fiber numbers were increased. The men consuming the supplement showed a gain in weight with increases in muscle and fat mass.

### DIETARY FAT MAY AFFECT IMMUNE STATUS

A decrease in the intake of total fat calories and an increase in the proportion of polyunsaturated type of dietary fats has been advocated by some groups to lower the risk of cardiovascular diseases. However, it is not known how such diets may affect the immune status which determines one's ability to fight infections. The effects of different types of polyunsaturated dietary fats on the immune status of rabbits have been 'compared. It was found that a linseed oil containing diet which is rich in n-3 type of polyunsaturated fat markedly enhanced several indices of the immune status when compared to those of the rabbits fed diets containing menhaden oil, safflower oil, or the hydrogenated soybean oil. These findings may have implications for improving the immune system of immuno-compromised individuals.

### VITAMIN K REQUIREMENTS OF THE ELDERLY

Preliminary evidence indicates that a significant proportion of free-living elderly have elevated levels of abnormal prothrombin, which may indicate a vitamin K deficiency. Abnormal prothrombin (required for normal blood clotting) is formed when the glutamic acid residues in the amino terminal portion of the molecule are not carboxylated to gamma-carboxyglutamic acid. Since this reaction requires vitamin K, elderly subjects with elevated levels of abnormal prothrombin may be suffering from a subclinical vitamin K deficiency.

### NUTRITION EPIDEMIOLOGY AND AGING

Nutritional epidemiology is being applied to identify the possible effects of nutritional status on more subtle biochemical, physiological and behavioral alterations which typify the aging process. Two major epidemiologic studies are currently underway to assess the role of nutrition in aging. One study has measured the diet and nutrient supplement use of both free-living and institutionalized individuals 60 years of age and older. In this sample of overtly healthy elderly, there was no evidence of protein deficiency. Although plasma concentrations of albumin, prealbumin and transferrin declined with age, this decline was not related to protein intake. Based on this sample of elderly, it is concluded that atrophic gastritis is common in the elderly, and the atrophic gastritis is associated with vitamin B12 deficiency and anemia. This study also has suggested a role for ascorbic acid in cholesterol metabolism. Individuals with higher plasma levels of ascorbic acid tended to have higher HDL cholesterol levels. The second study examined the influence of nutrition on the occurrence of senile cataract. Results suggest that carotenoids, vitamin C, and folate may play a role in preventing or delaying the onset of cataract.

### NUTRITION AND AGING IN SKIN-DERIVED CELLS

Calcium has been found to enhance confluent density of cultured human fibroblasts in an age-dependent fashion. Strontium substitutes in some but not all calcium pathways controlling human keratinocyte growth and differentiation. Inositol is a required nutrient for cultured human keratinocytes, with optimal proliferation obtained at concentrations approximately 10-fold higher than required for other cell types. Inositol responsiveness decreases markedly with age of cell donor. Choline, in the presence of sufficient inositol, also stimulates keratinocytes proliferation. Solar simulated ultraviolet irradiation directly induces pigment production by cultured human malanocytes. Retinoids, but not Vitamin D, appear to mediate UV-induced tanning. Human keratinocyte and fibroblast responsiveness to autocrine growth regulators varies markedly with cell donor age, with old donor cells less responsive to interleukin 1 and more sensitive to interferon. Keratinocyte and fibroblast responsiveness to exogenous growth factors and nutrients declines markedly between the newborn and adult periods, with further decline during adulthood. Human keratinocytes activate thyroxine to triiodothyronine, suggesting an important new endocrine function of human skin.

### NUTRITION AND FREE RADICAL REACTIONS IN AGING

Chronic ethanol feeding was found to stimulate age-related decreases in microsomal enzyme activities and total hepatic vitamin E content via lipid peroxidation events. Aging is associated with increases in the synthesis of prostaglandin E2, thromboxane B2, and prostaglandin I2 in mice. Dietary manipulation of fat and vitamin E content altered age-related changes in thromboxane B2 and prostaglandin I2 and the lipoxygenase product leukotriene B4. Mice fed fish oil diets were found to have lower plasma and tissue levels of prostaglandin E2 and vitamin E than those fed corn or coconut oil. Vitamin E supplementation decreased synthesis of prostaglandin E2 and altered platelet aggregation via changes in thromboxane A2 and prostaglanolin I2. Some tissues have a higher metabolic demand for vitamin E and the increased rate of and susceptibility to lipid peroxidation during senescense may lead to increased dietary vitamin E requirements with aging. Vitamin E and dietary fat affect the arachidonic acid cascade and influence the oxidative synthesis of lipoxygenase and cyclooxygenase products with undiscovered consequences for age-related changes in these metabolic pathways.

### VITAMIN C AND LIPOPROTEINS IN THE ELDERLY

The relationship between plasma ascorbic acid and high density lipoprotein cholesterol (HDLC) was examined in a population of 235 males and 444 females age 60 to 97 years. The results indicate that persons with higher plasma ascorbic acid levels tended to have higher HDLC levels. However, this association was seen to diminish with age. The association between plasma ascorbic acid and high density lipoprotein cholesterol was not due to other factors that may have differed between persons with high and low plasma ascorbic acid such as age, sex, amount of body fat, alcohol intake or smoking. The association between total plasma cholesterol and plasma ascorbic acid also was examined but no association was observed. It is well known that persons with a larger portion of their total cholesterol in the HDLC fraction are at lower risk of coronary heart disease. If this association between plasma ascorbic acid and high density lipoprotein cholesterol is confirmed, it would suggest that coronary heart disease risk may be modified through dietary vitamin C.

### NUTRITIONAL FACTORS IN PREVENTING AGE-RELATED LOSS OF BONE DENSITY

To define the relationship between calcium intake and rate of bone loss in healthy postmenopausal women, a longitudinal, double-blind placebo-controlled calcium-intervention field trial is being conducted. Over the past 15 months, 360 women with usual calcium intakes under 650 mg daily have been enrolled. Bone density measurements of the hip, spine, heel, and forearm will be measured annually for 5 years. Serum biochemistries and dietary intake are being monitored twice annually. The extent to which calcium intake affects mineral loss from the skelton will be measured in a population at risk for osteoporosis. Long-term precision of dual-photon absorptiometry as well as bone scan data in subjects screened for the field trial have been evaluated.

### THE ROLE OF BORON IN BONE CALCIFICATION

Recent experiments using rats have shown that boron may have a role in the metabolism of major mineral elements such as calcium, magnesium, and potassium. Thus, boron may have a role in disorders showing a change in major mineral metabolism, e.g., osteoporosis. In this study, boron deficiency in the diet of rats depressed the concentration of calcium in bone. Boron deficiency also affected the concentrations of other major minerals including magnesium and potassium in bone, kidney, and liver; however, the changes were influenced by the amount of magnesium and potassium in the diet. The findings indicate that boron alone, or through an interaction with potassium and magnesium, affects major mineral metabolism, and further support the hypothesis that poor boron nutrition might be involved in some calcium metabolism disorders of unknown cause including osteoporosis.

### VITAMIN C STATUS IN THE ELDERLY

As part of a nutritional status survey conducted by the ARS–USDA Human Nutrition Research Center on Aging at Tufts University, 677 Boston elderly (aged 60 to 98 years) were examined regarding the relationship among their intake of vitamin C, their plasma ascorbic acid levels, and selected biochemical markers of nutritional status. Only 6 percent of the males and 3 percent of the females were found to have less than adequate levels of plasma ascorbic acid. At all levels of intake, females were observed to have higher plasma ascorbic acid levels than males. Use of vitamin C supplements was associated with improved biochemical status of vitamin C, B–2, E and folate in females after controlling for age and intake of the specific nutrient. Through a better understanding of the nutritional status of elderly Americans and the effects of vitamin supplementation on nutrient blood levels, policies can be developed to better serve their health needs.

## ECONOMIC RESEARCH SERVICE

The Economic Research Service is engaged in the following research and other activities which focus on the rural elderly:

1. *Nonmetro Elderly: Economics and Demographic Status.*—This research was developed by Nina Glasgow and published in June 1988.
2. *Migration by Age Groups between Metro and Nonmetro Areas.*—This study was published in September 1988, as part of a larger study by Linda Swanson, called "Rural Economic Development in the 1980's." The elderly are included in this research.
3. *Age Estimates by County from 1980 to 1986.*—This completed project of Linda Swanson's consists of the development of statistical tables with information on rural elderly by county.

4. *The Nonmetro Elderly, their Unearned Income and their Poverty: Implications for Economic Development.*—This study of the income of rural elderly people being conducted by Bob Hoppe is targeted for completion in late 1989.

5. *The Impact of Retirement and Recreational Activities on the Economy of Rural Counties in Arkansas.*—This study currently being conducted by Bernal Green will be completed during fiscal year 1989.

6. *Household Composition and Family Status.*—This research by Linda Swanson will include a segment on the elderly and will be completed in late 1989.

7. *The Economic Development Consequences of Elderly Population Growth in Nonmetro Counties.*—Research on this subject by Nina Glasgow will examine the economic effect of high rates of migration of the elderly into rural communities. It will be completed during fiscal year 1989.

8. *The Impact of the Elderly Moving Into Rural Areas.*—Nina Glasgow discussed this topic in a seminar conducted in May 1988, at the University of North Carolina at Asheville. Her paper will be published in the Journal of Community Development during fiscal year 1989.

All of the above research is conducted in the Agriculture and Rural Economy Division of the Economic Research Service.

John E. Lee, Jr.,
*Administrator.*

## EXTENSION SERVICE AND STATE COOPERATIVE EXTENSION SERVICES

The staff and volunteers in the Extension System in all States, Puerto Rico, Virgin Islands, District of Columbia, and Guam in the 3,150 local offices, 76 State offices, and the national office have expanded resources and time in reaching and teaching the elderly. Targeted audiences have been adult children of aging parents and caregivers of the home-bound elderly. Program focus varies according to the interests and needs of local clientele. Since the aging population is increasing, resources and cooperative outreach programs are increasing in numbers and impacts. NETWORKING with agencies and organizations is evident at each level of the system. Significant coordinated projects have been conducted with national, State, and local members/staffs of the Association of Retired Persons (AARP), the Administration on Aging, the National Institute of Health, the National Council on Aging, the American Council of Life Insurance, the American Home Economics Association, the Consumer Product Safety Commission, the National Highway Traffic Safety Administration, etc.

Many programs were conducted so that caregivers of the elderly, middle-aged children with elderly parents, and the elderly themselves would increase their knowledge and skills related to needs, living and service options, the normal aging processes, and community resources available to contribute to a better quality of life.

### Selected Examples of Programs

*Missouri.*—A pilot Volunteer Information Provider Program (VIPP) was partially funded with an Administration on Aging grant. The Extension specialist who developed and conducted the program recruited 20 States to pilot it. State teams were comprised of an Extension Home Economics Specialist, a State Extension Homemakers Council Chairman, and a State Agency on Aging staff member. Reports from 438 trained VIPPs revealed that each averaged sharing information with 16 caregivers of the elderly or a total of 7,214 caregivers. They contributed 44,637 hours of service to the program. For each dollar of grant monies received, $2.30 was returned to communities through inkind contributions.

*Arkansas.*—Received funding from the State Rural Development Initiative so that the Missouri model of VIPP is being conducted in every county in the State.

*Alabama.*—Elder Camps have been conducted for the past 12 years. During October, 170 seniors from Calhoun and Randolph counties participated in the 2-day camp conducted by Extension and the East Alabama Regional Planning and Development Commission. The program provided experiences that were educational, inspirational, and entertaining. Three other counties provided a similar 3-day event called School Days for Retirees. The 165 participants benefited from the programs that were sponsored by the Talladega Extension Service, the East Alabama Regional Planning and Development Commission, and the Area Agency on Aging.

Tuskegee University Extension staff worked with local CRD committee and volunteer groups to secure funds for priority community needs. Projects successfully funded included the refurbishing of an abandoned school for use as a multipurpose center and nutrition feeding site, the establishment of an exemplary farmers' market, and the completion of a 16 family community water system. These improvements were supported by approximately $47,500 in private sector funds generated.

*Arizona.*—Two thousand and five hundred people increased understanding of the aging process and the needs of older people through programs offered in Extension.

*Georgia.*—Senior Citizen Day Programs for 480 citizens in five counties were conducted. A Green Thumb Project reaching 13 program counties provided result demonstration projects involving food production, energy conservation, and stewardship of the land.

A Senior Citizens ID Card Program which reached 3,100 senior citizens in 23 counties resulted in an average savings of $60.00 per month on prescription drugs. Twenty-five program assistants conducted 1040A Income Tax Preparation Workshops in eight counties for 450 seniors nad low-income citizens, saving an average of $9,500. Five workshops on Insurance were presented to 475 senior citizens and 75 families.

*Iowa.*—Conducted four workshops for 500 caregivers of the elderly.

*Maine.*—In the Senior Community Service Employment Project, 229 persons, 55 years of age or older, were taught skills and obtained part-time employment at 116 nonprofit worksites. In a Multipurpose Program for elderly and Their Families, 200 older persons and/or family members of older people improved their understanding of the normal aging processes and became more aware of formal and informal community resources in two counties.

Seventy-six Senior Companion Volunteers provided 73,000 hours of support to 300 at-risk elders. Extension trained 25 health and social service staff members to supervise and support the Senior Companion Volunteers. A $232,000 plus grant from ACTION resulted in an income increase of over $158,000 and reduced cost of $480,000 that would have been spent by 40 clients annually for institutional care.

*Maryland.*—Seven thousand five hundred people participated in 138 group meetings to gain knowledge of the physical and emotional needs of elderly family members, to make adjustments in lifestyles, and to develop and expand personal networks to meet the needs of elderly family members.

*Massachusetts.*—One thousand eight hundred people participated in seminars focusing on the aging process in five counties. Three hundred twenty employees of 19 business firms participated in workshops on preretirement. One hundred eighty adult children with aging parents participated in a series on "As Your Parents Grow Older."

*Michigan.*—Senior citizens worked with 4-H'ers in the southwest district of the Detroit and the Jeffries project area in an urban gardening program.

*Missouri.*—With grant assistance from the Kellogg Foundation and the AARP, Missouri Extension develolped programs to meet specific needs of older adults (those over 50) and rural communities. Work has centered on leadership skills, community college educational curricula for older adults, senior consumer housing information services, and a residential care facility needs and marketing study.

Extension also provided education to upgrade the skills of over 400 geriatric health care professionals. This helps meet the health services needs of older residents in a four-county area.

*Montana.*—Three thousand one hundred people participated in programs addressing such areas as caregiving for aging parents, retirement, and preretirement planning. Extension staff networked with local chapters of AARP, the Governor's Office on Aging, Extension Homemakers, churches, and mental health centers in an effort to enhance the quality and quantity of programs for older people.

*New Jersey.*—Through the Volunteer Information Provider Program (VIPP) in two counties, 50 volunteers were trained to provide caregiving information to 100 adults. Twelve agencies cooperated in this training effort. five other counties reached almost 500 with education programs on caregiving and meeting the needs of older parents.

Intergenerational learning opportunities in Middlesex, Camden, Ocean, and Morris counties provided youth and adults with healthier attitudes toward the aging process, and improved their communication skills and their understanding of human development. In Ocean county, over 60 youths were involved in an ongoing pet therapy program conducted in three nursing homes, reaching over 400 senior adults.

*North Carolina.*—Eighty-seven counties reached almost 47,000 who participated in a variety of education programs related to the needs and interests of older people. One hundred seventy-four volunteers extended Extension's outreach to many elders.

The 1980 staff reached 87 limited resource adults and 218 youths. As a result, they have increased knowledge of the aging process and preretirement planning. Six hundred twenty-one older adults are practicing crime prevention measures. Programs related to adult growth and development involved 46,686 participants.

*Oklahoma.*—Aging programs have focused on Medicare Awareness, Intergenerational Relationships, and Dealing with Grief and Death. Three thousand people participated in seminars and workshops that were conducted by 175 volunteers and 8 Extension staff members.

*Oregon.*—Funds from the American Council of Life Insurance and the Fred Meyer Charitable Trust were obtained to develop four slide-tape and video education programs for every county in Washington, Oregon, and Idaho. The series focuses on helping adult children increase their knowledge about aging and family dynamics. The "When Dependency Increases" series is being used by many States and other agencies and organizations. Over the 4-year period, 42,000 people in Oregon were reached. A new grant from administration on Aging is funding the development of three other resources in the series on "Loss and Grief," "Depression in the Later Years," and "Alcohol Abuse."

*Texas.*—Twenty-three potential respite caregivers received 10 hours of training in Nacogdoches County. The 10-hour workshop was conducted by Extension, Area Agency on Aging staff members, and a local minister. Subject matter covered Alzheimer's disease, the role of the respite caregiver, coping with stress, emergencies, and legal issues. Six attendees participated because of a desire for employment and the others expressed a willingness to volunteer as respite caregivers.

The Texas 1890 Extension Neighborhood Improvement Program, operating in 23 countries, resulted in the following accomplishment: 69 meeting and recreation facilities were established; 3 volunteer fire departments and 5 senior citizens congregate meals and recreation sites were developed; 6 municipal water systems were expanded to rural neighborhoods; and 17 farmers' markets were established or expanded.

*Virginia.*—The average age of the U.S. population is steadily growing older. This raises some challenging issues about funding of retirement, health care cost, and kin relationships with dependent elderly. Virginia was instrumental in implementing the Volunteer Companion Service Program that served 168 frail elders on a continuing basis. The program involved 152 volunteers who contributed a total of 28,848 hours. It was estimated that this program reduced institutional costs of $2,701,980. In North Carolina, 46,686 participants were involved in programs related to Adult Growth and Development. Eighty-four percent indicated they had gained some new insight into the issues related to the aging process.[1]

## FOOD AND NUTRITION SERVICE

### Food Stamp Program

Under the Food Stamp Program, the Federal Government funds and State agencies issue food stamps to supplement the food buying power of eligible low-income households. The program provides monthly benefits to low-income households to help them purchase a nutritionally adequate diet. In order to qualify for the program households must meet financial and nonfinancial eligibility requirements. In the summer of 1986 (the last months for which we have this kind of data), 1.631 million people 60 years old or older received food stamps monthly. They comprised 8.4 percent of participants. The average benefit per household with at least one elderly member was $48 a month.

Although the Food Stamp Program is designed to serve all eligible low-income households, there are four provisions which make it easier for elderly people to meet the program's eligibility requirements: (1) elderly people only have to meet a net income test while other low-income people must also meet a gross income test, (2) elderly people are able to deduct any medical expenses that exceed $35 a month in order to lower their net income, (3) elderly people have no cap on their shelter deductions while other people do, and (4) elderly people can have more ($3,000) in resources than other needy people ($2,000). The Food Stamp Program also includes several accessibility features designed in large part to assist the elderly, such as applications for food stamps in social security offices, home or telephone interviews, authorized representatives for certification and issuance, exemptions from periodic reporting and work requirements, and a broader household definition.

The Hunger Prevention Act of 1988 (P.L. 100–435) signed September 19, 1988 included three provisions specifically intended to benefit the elderly: (1) permanent extension of categorical eligibility for some recipients of Supplemental Security

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[1] Prepared by Jeanne M. Priester, Coordinator, and Marvin Konyha, November 1988.

Income which was due to expire September 30, 1989, (2) inclusion in the statute of the waiver of office interviews and use of telephone or home interviews, and (3) requirement that State agencies develop a simplified method of claiming the medical deduction for recurring medical expenses following initial verification.

In Fiscal Year 1988, FNS gave contingent approval to one demonstration project specifically designed to assist the elderly. The project will operate in New York and will provide quarterly rather than monthly allotments to recipients of Supplemental Security Income, most of whom are elderly. Quarterly issuance should be more convenient for the elderly recipients involved in the project since it would involve one trip to an issuance office every three months rather than monthly trips. Also, since households with elderly members receive average allotments only 35 percent as large as nonelderly households, this project should provide considerable assistance to elderly participants in managing their food resources.

## COMMODITY SUPPLEMENTAL FOOD PROGRAM

In Fiscal Year 1988, approximately 80,000 elderly persons received benefits under the Commodity Supplemental Food Program (CSFP). Elderly persons in the CSFP must be 60 years or older and have incomes at or below 130 percent of poverty.

The CSFP is designed to supplement the diets of participants through the provision of commodity foods purchased by the Department of Agriculture under price-support and surplus-removal legislation. Participants receive a monthly package of foods which includes cereal, nonfat dry milk, juice, rice, egg mix, dehydrated potatoes, peanut butter, dry beans or peas, and canned meat, poultry, fruits and vegetables. Special bonus foods provided in Fiscal Year 1988 included surplus cheese, butter and honey. Participants also receive nutrition education and are instructed on the proper use of commodity foods.

To serve homebound elderly persons who have difficulty getting the monthly food packages, many sites have arranged a volunteer network to deliver the foods to the homes of the elderly or to provide transportation of the elderly to the food pick-up locations.

## CHILD CARE FOOD PROGRAM

Child Care Food Program (CCFP) regulations are currently being amended to implement the mandates of the Older Americans Act Amendments of 1987, Public Law 100-175, which extended CCFP participation to certain adult day care centers. Eligible are adult day care centers licensed or approved by Federal, State or local authorities to provide adult day care services to chronically impaired disabled adults (including victims of Alzheimer's disease and related disorders with neurological and organic brain dysfuntion) or persons 60 years of age or older in a group setting outside their homes on a less than 24-hour basis. Participating adult day care centers will receive the cash and commodity assistance available under CCFP for meals served to eligible enrolled individuals. To better serve adults in CCFP. the agency is also reviewing the meal pattern needs of disabled and elderly adults.

## FOOD DISTRIBUTION PROGRAM

Food Distribution Program (FDP), the Department of Agriculture (USDA) donates food and cash-in-lieu of foods to help meet the nutritional needs of the elderly. Specifically, the Nutrition Program for the Elderly (NPE) which is administered by the Department of Health and Human Services (DHHS), provides for congregate and home delivered meals. The NPE was authorized under Titles III and VI of the Older Americans Act of 1965, as amended, to provide for social services and nutritious meals for elderly people. DHHS gives grants to State Agencies on Aging, which designate Area Agencies on Aging (AAA) to plan and coordinate the nutrition program through providers of nutrition service at the local level under Title III. Title VI is administered by Indian Tribal Organizations and provides service similar to those provided under Title III by State agencies.

The State Agencies on Aging request USDA donated foods, cash-in-lieu of foods, or a combination of both to use in providing meals to the elderly at various sites. The amount of food or cash that USDA gives each State is based on the number of meals served in the program and the level of assistance per meal authorized by legislation. Total program costs also are limited by authorizing legislation and appropriations. Initially, USDA support of the program was provided in donated foods. This assisted USDA in its price-support and surplus-removal activities as well as provided direct support for the meals served in the program. However, once legislation authorized cash-in-lieu of donated foods, the program increasingly became a cash transfer program. Presently only 5 percent of USDA meal support is provided in donated foods.

Nutrition services are provided in schools, community centers, churches, public housing and other places located within walking distance of the homes of the majority of local elderly people. The AAA provides nutritious, well-balanced meals at least once a day, five or more days a week. The AAA will also provide transportation to and from the sites for those who need it, when possible. Similarly, the AAA will provide home-delivered meals at least once a day, 5 or more days a week, when possible, to older people who are homebound.

Eligibility requires only that persons be 60 years of age or older to participate in the program. Their spouses, regardless of age, may participate. In addition, while each provider of nutrition service suggests appropriate contributions based on local economic conditions, each person decides what he or she can contribute toward the cost of the meal. The meals are free to eligible persons if they are not able to make a contribution.

USDA is continuing the pilot project that was initiated in fiscal year 1988 to allow AAA's to make their own cash/commodity elections in the NPE. The elections made by AAA's are independent of the elections made by the States under the program. Last year, 23 AAA's participated nationwide in the pilot project. For fiscal year 1989, there will be 87 AAA's participating. The AAA's must elect at least 20 percent of their entitlement level in commodities to be eligible for participation. This pilot project will allow broader local level participation in the commodity program and will allow the pilot AAA's to make use of USDA's buying power. From USDA's standpoint, it will allow an evaluation of the administrative feasibility of commodities to local agencies rather than Statewide.

Based on the cash and/or commodity elections made for fiscal year 1989 operations, we estimate USDA assistance will be provided as follows: (1) State Title III—95 percent cash and 5 percent commodities, (2) AAA Title III Pilot Project—77 percent cash and 23 percent commodities, and (3) Title VI—94 percent cash and 6 percent commodities.

In fiscal year 1988, USDA entered into a cooperative agreement with the National Association of Nutrition and Aging Services (NANASP) to provide a comprehensive overview of the NPE to service providers for the aging. The cooperative agreement was comprised of three parts: (1) a training manual containing information on NPE operations. Federal and State roles in the NPE, advantages to using USDA commodities, etc., (2) Regional and State workshops to introduce and discuss the purpose of the cooperative agreements, and (3) State and local meetings to resolve specific NPE concerns and provide one-on-one technical assistance. All phases of this cooperative agreement have now been completed. USDA believes that the rise in the number of AAA's participating in the pilot project for fiscal year 1989 can be attributed, at least in part, to the USDA/NANASP cooperative agreement to work with State and local service providers for the elderly.

During fiscal year 1988, approximately 240 million meals were provided to the elderly under the NPE. Additionally, for fiscal year 1988, approximately $138 million was appropriated for NPE operations—$130 million in cash and $8 million in commodity assistance. For fiscal year 1989, approximately $141 million has been appropriated for NPE operations. Amendments to the Older Americans Act set the per meal reimbursement rate for the NPE at $.5676 through fiscal year 1991. This spending level should be sufficient to enable USDA to reimburse the number of meals anticipated to be served during fiscal year 1989 at the legislated per meal level.

Additionally, USDA offers food assistance to elderly people through the FDP for charitable institutions (e.g., soup kitchens and nursing homes). The elderly may also receive available surplus foods through the Temporary Emergency Food Assistance Program. These two programs do not restrict any person from participating based upon age; economic need is the only requirement. Approximately 38 percent of the 15 million Temporary Emergency Food Assistance Program households served monthly are headed by persons age 60 or older.

## I. LIST OF ACTIVE RESEARCH PROJECTS

### *A. Names of Investigators*

Theodore F. Macaluso, Ph.D. (Government Project Officer); Harold Beebout, Ph.D (Project Director); Barbara Devaney, Ph.D.; Michael Ponza, Ph.D; Linda Wray.

### *B. Institutions*

Mathematica Policy Research, Inc., 600 Maryland Ave., S.W., Suite 550, Washington, D.C. 20024.

*C. Title*

Evaluation of the Low-Income Elderly's Food Assistance Needs and Participation in USDA's Programs.

*D. Project Period*

Phase I: September 1988 through August 1989.
Phase II: Not yet determined.

*E. Funding Level*

$197,172 (Fiscal Year 1988, no funding in Fiscal Year 1987).

*F. Brief Abstract*

The project will assess the match between USDA programs and the needs of the low-income elderly, exploring such issues as receipt of multiple benefits, targeting, and nonparticipation among eligible elderly. Phase I will analyze existing and exploratory data sources and culminate in a design for Phase II study of new data sources.

### II. NARRATIVE

*A. Current and/or Proposed Research and Priorities*

The project is oriented around four major objectives/research questions. The questions and the anticipated method of addressing them are as follows:

i. What are the socioeconomic characteristics and nutritional needs of the low-income elderly in terms of living arrangements, limitations on functioning and economic status; major expected changes over time; nutritional needs; and food choice and consumption patterns? These will be addressed through literature review and cross-tabular analyses of the Survey of Income and Program Participation (SIPP) database.

ii. What Federal programs provide nutritional assistance to the elderly? What is their scope? Are they complemented by state/local/private programs? Which elderly participate and why? What is the degree of multiple program participation and what is the effect on equity and efficiency? These will be addressed through a review of program material; interviews with federal, state, local, and advocacy-group officials; focus groups with participating and nonparticipating elderly in a few selected local sites; and analyses of the SIPP database.

iii. How well do Federal programs meet the nutritional needs of the elderly? What is the relationship between program features, and elderly needs and preferences? What is the magnitude and distribution of nonparticipation? The data sources cited above will be analyzed to address these questions.

iv. What further research is needed? What are the constraints of currently available data? What additional data is needed? How should further work be designed? The contractor will critically review the data sources and findings and, drawing upon their research expertise, propose a design for additional study.

*B. Highlights of Research Findings*

Project has just started.

## COOPERATIVE STATE RESEARCH SERVICE

Multistate research in aging is supported through the Regional Research Fund administered by the Agricultural Experiment Station system and the Cooperative State Research Service. "Housing and Locational Decisions of the Maturing Population" is an example of a research project on aging supported through the fund.

Additional work is conducted at the individual state experiment stations with support from Hatch appropriations (federal) and state funds. Some states communicate and coordinate their efforts related to aging through regional coordinating committees. The committee on "Community Participation, Work and Retirement Among the Elderly" is a forum for planning and discussing state projects in the Western region. Although only the West currently has a regional research coordinating committee focusing on aging, state agricultural experiment stations in each region of the country support research related to the health and well-being of the aged.

### I. W–176: HOUSING AND LOCATIONAL DECISIONS OF THE MATURING POPULATION

*A. Investigators and institutions:*

Donna Iams—University of Arizona, Tucson
Virginia Junk—University of Idaho, Moscow

Michele Merfeld—University of Missouri, Columbia
Patricia Tripple—University of Nevada, Reno
Jeannette Brandt—Oregon State University, Corvallis
Joan McFadden—Utah State University, Logan
Joye Dillman—Washington State University, Pullman

*B. Project Period:*

October 1, 1986—September 30, 1991

*C. Abstract:*

Western states are experiencing a disproportionate share of elderly in-migrants. Movement of elderly persons into a community changes the economic, social, political and service structure of the area. This project is designed to aid in understanding the needs of persons migrating to new communities and how communities can manage in-migration.

### II. WRCC-57: COMMUNITY PARTICIPATION, WORK AND RETIREMENT AMONG THE ELDERLY (COORDINATING COMMITTEE OF EXPERIMENT STATION RESEARCHERS AND ADMINISTRATORS CONDUCTING STATE PROJECTS IN THE AREA OF AGING)

*A. Investigators and institutions:*

Victor Christopherson, University of Arizona, Tucson
Glen Hawkes, University of California, Davis
Joseph Turner, Colorado State University, Ft. Collins
Wayne Larson, Montana State University, Bozeman
Barbara Gunn, University of Nevada, Reno
Clara Pratt, Oregon State University, Corvallis
Bryan Pitcher, Utah State University, Logan

*B. Project Period:*

Continuing

*C. Abstract:*

State projects in the region address critical problems of the elderly and the communities in which they live including intergenerational migration, caregiving, reciprocity, and community participation.

Compiled by Colien Hefferan, CSRS-NRFSS, 447-3425.

## FOREST SERVICE

### FOREST SERVICE PROGRAMS SERVING THE ELDERLY

#### SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

The U.S. Department of Agriculture, Forest Service, in cooperation with the Department of Labor, sponsors the Senior Community Service Employment Program (SCSEP), which is authorized by Title V of the Older Americans Act, as amended. The SCSEP has three fundamental purposes: (1) part-time income for disadvantaged persons aged 55 and over, (2) training and transition of participants to the private/public sector labor markets; and (3) community services to the general public. This program employs economically disadvantaged persons aged 55 and older in 38 States, the District of Columbia, and Puerto Rico. The SCSEP seeks to improve the welfare of underprivileged, low-income elderly, and to foster a renewed sense of self-worth and community involvement among the rural elderly.

Program participants are involved in projects on National Forest lands such as construction, rehabilitation, maintenance, and natural resource improvement work. Participants receive at least the minimum wage to supplement their personal incomes. A major benefit of the SCSEP program is the opportunity to have participants regain a sense of involvement with the mainstream of life through meaningful work. Additionally, valuable conservation projects are completed on National Forest lands.

The Service's Interagency Agreement for July 1, 1987 to June 30, 1988, provided $22.7 million which employed an estimated 6,278 seniors; 22 percent were minorities, and 39 percent were women. 16 percent of the participants were later placed in nonsubsidized jobs. The Government reaped a return of $1.48 for each dollar invested in this program.

### VOLUNTEERS IN THE NATIONAL FORESTS

*Volunteers Program*

In 1972. Congress passed a special legislation to enable interested individuals, groups, and organizations to assist in the important conservation work of the USDA, Forest Service.

The Forest Service is authorized:

(1) To recruit, train, and accept without regard to the Civil Service classification laws, rules, or regulations the services of individuals, organizations, or groups to serve without compensation. Volunteers may assist in any Forest Service program or activity except law enforcement. The Forest Service will sometimes provide for incidental expenses such as transportation, uniforms, lodging, and subsistence.

(2) The National Forest Volunteer will not be a Federal employee and will not be subject to employment and regulations per se. An agreement will be entered into between the Forest Service and the individual, stating what each has agreed upon. Volunteers are included under the provisions of the Tort Claim Act and Federal Employee's Compensation Act.

A volunteer may apply at any Forest Service in their local area. There are opportunities available in Cooperative Forestry, National Forest, Administration, and in National Forest Research. Typical jobs include campground hosts, information specialists, fire lookouts, recreation trail construction and maintenance, and wildlife studies.

In fiscal year 1988 some 65,000 people participated in the Volunteers Program of which 10 percent were 55 and above.

## ITEM 2. DEPARTMENT OF COMMERCE

DECEMBER 22, 1988.

DEAR MR. CHAIRMAN: Thank you for your letter regarding the Department of Commerce programs pertaining to the older Americans.

Enclosed is our report for 1988. The report includes relevant programs that are of benefit to the older population and should be included in the Developments in Aging: Volume II.

If you need further information, please have a member of your staff call Ms. Cynthia Taeuber, Population Division, on 763-7883.

Sincerely,

C. WILLIAM VERITY,
*Secretary of Commerce.*

Enclosure.

### BUREAU OF THE CENSUS

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## OTHER REPORTS, PAPERS, DATA BASES, AND CONTINUING WORK

I. The Federal Interagency Forum on Aging-Related Statistics:

The Census Bureau is one of the lead agencies in The Federal Interagency Forum on Aging-Related Statistics (The Forum), a first-of-its kind effort. The Forum encourages cooperation among Federal agencies in the development, collection, analysis, and dissemination of data on the older population. Through cooperation and coordinated approaches, The Forum extends the use of limited resources among agencies through joint problem solving, identification of data gaps and improvement of the statistical information bases on the older population that are used to set the priorities of the work of individual agencies. The participants are appointed by the directors of the agencies and have broad policy-making authority within the agency. Senior subject-matter specialists from the agencies are also involved in the activities of The Forum. The Forum is co-chaired by Dr. John G. Keane, Director, Bureau of the Census, Dr. Manning Feinleib, Director, National Center for Health Statistics, and Dr. T. Franklin Williams, Director, National Institute on Aging. There is also an Oversight Committee of directors of member agencies to enable agency directors to stay closely involved with the issues studied by The Forum. The Oversight Committee of Agency Directors is chaired jointly by Drs. Keane, Feinleib, and Williams. Directors from three additional agencies participate in the Oversight Committee on a rotating basis. For 1987–88 they are: William Roper (Department of Health and Human Services), Janet L. Norwood (Bureau of Labor Statistics), and Dr. Robert Helms (Department of Health and Human Services).

At the initial meeting of The Forum, held October 24, 1986, it was agreed that The Forum would work at activities such as the following: (1) identify data gaps, potential research topics, and inconsistencies among agencies in the collection and presentation of data related to the older population; (2) create opportunities for joint research and publications among agencies; (3) improve access to data on the older population; (4) identify statistical and methodological problems in the collection of data on the older population and investigate questions of data quality; and (5) work with other countries to promote consistency in definitions and presentation of data on the older population.

Three standing committees were established to carry out specific activities: (1) Data Needs and Analytic Issues, chaired by Joan Van Nostrand (National Center for Health Statistics); (2) Methodological Issues, chaired by Richard Suzman (National Institute on Aging); and (3) Data Presentation and Dissemination, chaired by Cynthia Taeuber (Bureau of the Census).

The work of The Forum will facilitate the exchange of information about needs at the time new data are being developed or changes are being made in existing data systems. It also works to promote communication between data producers and policy makers.

As part of The Forum's work to improve access to data on the older population, the Census Bureau has published a *Telephone Contact List* of major agencies and staff who work on specific aspects of aging-related statistics and the *Inventory of Data on the Oldest Old,* which is a reference document of Federal data bases on the oldest old population.

II. Projects Between the Census Bureau and the Administration on Aging:

A report titled "Guide to 1980 Census Data on Elderly," was published in 1986. This guide explains how to locate census data on the older population. The report reviews census products, services, and explains how to obtain them. The report has table outlines from the census publications and summary tape files to show the specific form of data available about the older population.

III. Projects Between the Census Bureau and the National Institute on Aging:

A. The Census Bureau prepared special tabulations from the 1980 census for the National Institute on Aging. These tabulations include selected tables from Summary Tape 5 retabulated with 5-year age groups from 60 years to 85 years and over. These tabulations also include other selected tabulations from the 1980 census. The University of Michigan archives these tabulations (Mr. Michael Traugott, 313-764-2570).

B. Developed an international data base on the older population for 31 countries. The University of Michigan archives this data base (Mr. Michael Traugott, 313-764-2570).

C. Established a joint Visiting Scholar Program to allow scholars to do research in residence at the Census Bureau.

D. Study of the quality of census data on the elderly includes an evaluation of coverage, age misreporting, estimates, and projections of centenarians, and so forth.

E. Preparation of a file from the Survey of Income and Program Participation (SIPP) on the health, wealth, and economic status of the older population. The SIPP file is completed and is archived at the University of Michigan (Mr. Michael Traugott, 313-764-2570).

F. Programming underway for annual report on the older population using Current Population Survey data. Data will be provided for persons aged 65–74, 75–84, and 85 and over. Most data will be cross-tabulated by sex, race and Hispanic origin. Data will be produced in confidence intervals because of small sample sizes for the aged.

G. Provided The National Institute on Aging with special tabulations on poverty of rural elderly (from 1980 Census).

H. A paper titled "Minority Elderly: An Overview of Demographic Characteristics" was prepared by Cynthia M. Taeuber and Denise I. Smith of the Census Bureau. The paper focuses on increases in the minority elderly population, those 65 years and over, and the differences among age, race, and ethnic groups within the older population. Some of the characteristics of the minority elderly population discussed are marital status, living arrangements, median income and poverty status. The paper also presents an overview of the planned 1990 census questions on race and ethnicity.

I. "A Demographic Portrait of America's Oldest Old" was prepared by Cynthia M. Taeuber, Bureau of the Census, and Ira Rosenwaike, Graduate School of Social Work, University of Pennsylvania, for a chapter in a book. This chapter looks at the rapid growth of the oldest old population, those 85 years and over and the reasons for that growth. This chapter also: (1) compares the oldest old's demographic, social, and economic characteristics with those of the younger old; (2) describes the characteristics of the centenarian population; (3) examines the quality of census data on the oldest old; and (4) discusses the implications of the growth and characteristics of this unique and important group.

IV. International Research on Aging:

A. Studies from the International Data Base on Aging:

1. "A Comparative Study of the Economics of the Aged," presented at the Conference on Aged Populations and the Gray Revolution in Louvain, Belgium. Ms. Barbara Boyle Torrey and Mr. Kevin Kinsella of the Bureau of the Census and Dr. Timothy Smeeding of Vanderbilt University are the authors of this paper. The paper presents estimates of how social insurance programs for the aged have grown as a percentage of gross domestic product in several countries partly as a result of lowering retirement age and an increase in real benefits. It then discusses how the labor force participation of the aged in these countries has uniformly declined. Finally, it examines what contribution the Social Security benefit makes to the total income of the aged at present and how the average income of the aged compares to the average national income in each country.

2. "The Oldest Old—International Perspectives," submitted as a chapter in a future Oxford University Press publication. Ms. Barbara Boyle Torrey and Mr. Kevin Kinsella of the Bureau of the Census and Dr. George Myers of Duke University are the authors of this paper. The paper focuses on three topics related to the oldest old (80+) in eight countries. The topics discussed are demographic trends, marital status and living arrangements, and income. The paper shows cross-country comparisons and trend data on the above topics for the period 1985 to 2025.

3. *Aging in the Third World* has been published in International Population Reports, Series P–95, No. 79.

4. *An Aging World* has been published in International Population Reports, Series P–95, No. 78.

B. Contract with Mr. Meyer Zitter, Consultant-Demographics, to work with other countries to produce internationally-comparable data on the older population from the 1990 round of censuses.

C. "Issues and Implications of the Aging Japanese Population" (Center for International Research Staff Paper, December 1984)

V. Other:

A. Prepared text on the older population for inclusion in the Census Bureau's publication, *Population Profile of the United States: 1988* (to be published).

B. Prepared paper on "Emerging Data Needs for the Elderly Population in the 21st Century" for public discussion of the Census of 2000.

C. Work underway on chapter on demographic trends for older population for a book being prepared for the 1991 White House Conference on Aging (Ms. Cynthia M. Taeuber, 301–763–7883).

D. Worked with the Department of Housing and Urban Development to produce tabulations from the Survey of Income Program Participation for use in designing reverse annuity mortgage programs for low-income elderly homeowners.

E. A paper titled "How Are The Elderly Housed? New Data from the 1984 Survey of Income and Program Participation," was presented at the April 23, 1988 Annual Meeting of the Population Association of America in New Orleans, Louisiana. The author of this paper is Dr. Arnold A. Goldstein, Bureau of the Census. This paper serves the dual purpose of reporting on the housing characteristics of elderly households of various age groups, and of introducing a new Health-Wealth file from the 1984 Survey of Income and Program Participation (SIPP). The paper describes the prevalence of various housing types, household size, length of residence in the present housing unit, and the age of the structure itself. Level of comfort is measured in terms of extent of crowding, number of floors, type of heating fuel and presence of air conditioning, and availability of various appliances. Affordability, an important public policy consideration, is addressed separately for owners and renters. The paper also considers the extent to which low-income older households benefit from rent and mortgage interest subsidies, and whether many of these households are on a waiting list to gain access to public housing.

## ITEM 3. DEPARTMENT OF DEFENSE

DECEMBER 5, 1988.

DEAR MR. CHAIRMAN: Your letter of September 21, asked for a report from the Department of Defense chronicling activities on behalf of older Americans.

It is hoped that the enclosed report will be of value in this important program area. Should further information be desired a point of contact on this staff is Larry Kirsch on 697-5421.

Sincerely,

CLAIRE E. FREEMAN,
*Deputy Assistant Secretary of Defense,*
(CIVILIAN PERSONNEL POLICY).

Enclosure.

### REPORT: DEVELOPMENTS IN AGING

This Department continues to operate a comprehensive retirement planning program for Defense Federal Service employees. Integrated into the overall personnel management process, our program is designed primarily to assist employees in their adjustment to retirement and to assist management in planning for replacements to meet future work force needs. The program encourages extensive pre-retirement counseling for employees (and their spouses in many instances) on such subjects as financial planning, health needs, leisure time activities, living arrangements and personal guidance. The program's guidance also include trial retirement and gradual retirement options for employees were feasible. We believe our program helps alleviate many of the problems that employees have encountered in the past when approaching retirement age. We expect to continue operation of this program in 1989.

The Military Departments and the Defense Agencies, in cooperation with community health officials, continue to provide a number of occupational health programs and services to employees, and in some cases, to former employees who have retired. Many of these programs and services are designed to address problems generally associated with increasing age. Included are health guidance and counseling, periodic testing for diseases and disorder, immunizations, and treatments.

Within the Department of Defense, we continue to eliminate discrimination based upon age. On a continuing basis we are examining personnel policies, practices, and procedures for possible conflict with equal employment opportunity intent, including discriminatory use of age.

In summary, this Department has operated a comprehensive retirement planning program for civilians, provided extensive health care services to employees and carried out a positive program to preclude discrimination based on age. These program efforts will be continued in 1989.

## ITEM 4. DEPARTMENT OF EDUCATION

DECEMBER 21, 1988.

DEAR MR. CHAIRMAN: In accordance with your request, enclosed is the Department of Education's fiscal year 1988 report chronicling activities on behalf of older Americans.

I am pleased to transmit this summary to you for inclusion in the Committee's annual report entitled, *Developments in Aging.*

If the Office of Legislation can be further assistance, please let me know.

Sincerely,

FRANCES M. NORRIS,
*Assistant Secretary.*

Enclosures.

## REHABILITATION SERVICES ADMINISTRATION

### BASIC VOCATIONAL REHABILITATION PROGRAMS

The State-Federal program of vocational rehabilitation is designed to provide a wide variety of services to adults with disabilities for the purpose of placing them into gainful employment. Clients of State rehabilitation agencies can be of any age from the teenage years and older. Although the mean age or referral of individuals vocationally rehabilitated in fiscal year 1985 (the latest year for which such data are available), was 32.6 years; 10.4 percent of these persons were 45 to 54 years old, 6.2 percent were 55 to 64 years old and 2.7 percent were 65 years old and over. The total number of individuals of all ages rehabilitated in fiscal year 1985 was 227,652. Age is not a barrier to eligibility for services for older persons with disabilities who wish to work.

### DISCRETIONARY PROGRAM

The Rehabilitation Services Administration (RSA) also administers grants for a number of discretionary programs in which older Americans may be served, such as Special Projects for Severely Disabled Individuals, Special Recreation Programs and Centers for Independent Living Projects. The data on the actual number of older Americans served in these programs, however, are not available.

The Independent Living Services for Older Blind Individuals program is one RSA program that specifically focuses on older persons.

Final Regulations for Title VII, Part C Independent Living Services for Older Blind Individuals were published in the *Federal Register* on July 15, 1988.

The purpose of these projects is to provide or arrange for independent living rehabilitation services needed by older blind individuals, including persons with severe loss of vision, in order for them to adjust to blindness by becoming more independent in caring for their individual needs. Such services will enable older blind individuals to live more independently in their homes and communities with the maximum degree of self-direction.

The population to be assisted by projects under this program is defined by statute as individuals who are 55 years of age or older for whom, because of blindness or severe visual impairments, gainful employment would be extremely difficult to attain. However, independent living services are both feasible and appropriate for this population, because these services can have a lasting and permanent impact toward increasing personal independence as well as more active or continued participation in family and community life.

One successful outcome of this program would be to reduce the risk of premature or unnecessary institutionalization for participating individuals.

In fiscal year 1988, this program funded 28 new projects, with an average grant award of approximately $200,000.

The Projects With Industry (PWI) program also addresses the needs of older individuals with disabilities. The PWI program is designed to provide training and/or placement services for disabled individuals to assist them in obtaining gainful employment. The PWIK program currently funds 115 grantees nationwide in its service delivery network. This effort spans a broad range of disability and age categories.

PWI has addressed the needs of a growing disabled older work population by awarding funds to the Aging in America (AIA) project in New York. In 1980, Aging in America conducted a national survey which found that approximately 60 percent of the disabled population in the United States is 45 years of age or older. Since 1983, AIA's placement programs have resulted in over 1,900 Statewide (New York) and national placements of disabled individuals 45 years and older. During the first months of fiscal year 1988, AIA has placed 207 individuals with disabilities into competitive employment. The average annual salary is $14,000 per placement. AIA and most PWI programs are attempting to meet the increasing needs and numbers of disabled Americans 45 years and older.

## NATIONAL INSTITUTE ON DISABILITY AND REHABILITATION RESEARCH

The National Institute on Disability and Rehabilitation Research (NIDRR), authorized by Title II of the Rehibilitation Act of 1973, as amended, has specific responsibilities for the provision of a comprehensive and coordinated approach to the administration of research, demonstration projects and related activities for the rehabilitation of disabled persons, including programs designed to train persons who provide rehibilitation services and persons who conduct research. The Institute is also responsible for facilitating the distribution of information on developments in rehabilitation procedures, methods and devices to rehabilitation professionals and to disabled individuals to assist such individuals in living more independent lives. The Institute programs which impact on the aging populations include:

### REHABILITATION RESEARCH AND TRAINING CENTERS

These Centers serve as a national resource for the conduct of a full spectrum of rehabilitation research activities. Research is conducted in settings where patient/client services, research and training are viewed as interdependent activities essential to maximizing the rehabilitation of disabled individuals. The retionale for this operational approach is the belief that research cannot be isolated and still be effectively utilized.

Rehabilitation Research and Training Centers on Aging—In response to an increased public concern about the lack of rehabilitation services for the older disabled population, the National Institute on Disability and Rehabilitation Research supports two Centers which focus on the rehabilitation of aging persons. Research is directed toward the identification of the rehabilitation needs of elderly persons and the development of appropriate rehabilitation techniques. These Centers are as follows:

—Rancho Los Amigos Rehabilitation Research and Training Center on Aging, Rancho Los Amigos Medical Center, University of Southern California, Downey, CA. This Center is a collaborative effort between the Rancho Los Amigos Rehabilitation Hospital and the School of Medicine of the University of Southern California. Research is focused on medical, functional, psychological, social, policy and service delivery issues. The Center's training activities are designed to improve knowledge and skills regarding rehabilitation and the older person, and are targeted to students and practitioners in rehabilitation and other health-related disciplines.

—Rehabilitation Research and Training Center on Aging, University of Pennsylvania, Philadelphia PA, is jointly supported by the National Institute on Disability and Rehabilitation Research and the National Institute on Aging. Research is addressing the rehabilitation needs of disabled persons who become elderly, as well as those who become disabled after they become elderly with the purpose of restoring, preserving, or enhancing the older person's ability to function productively and independently. The Center's training activities include training for service delivery providers, and academic training for the university community.

Rehabilitation Engineering Centers conduct programs of advanced research of an engineering or technical nature which can be applied toward solving problems encountered in the rehabilitation of disabled persons. The Centers are also encouraged to develop systems for the exchange of technical and engineering information, and to improve the distribution of technological devices and equipment to disabled persons. Although there is no Center specifically devoted to the problems of the elderly, the technological advances resulting from the Center research benefit this population. This technology includes research on improvements in wheelchairs for individuals with disabilities, orthotics and prosthetics, improved mobility through the use of functional electrical stimulation to paralyzed muscles, and devices to aid hearing and visually-impaired individuals.

### RESEARCH AND DEMONSTRATION PROJECTS

This is a program encompassing discrete research and demonstration projects primarily directed toward discovering new knowledge and overcoming significant information gaps in rehabilitation of severely disabled persons. A project currently receiving support which impacts on the aging population is:

—Effects of Electrical Stimulation for Management and Prevention of Decubital Ulcers in Older Diabetics.

### FIELD-INITIATED RESEARCH

The purpose of the Field-Initiated Research program is to encourage eligible applicants to originate valuable ideas that relate to the rehabilitation of disabled persons from the field. These are discrete projects in areas representing the interests of both the investigator and the Institute. Currently supported projects include:

—Family and Environment: The Effect of Low Vision Rehabilitation of Older Persons;

—Assessing and Training of Visual Components of Reading in Individuals with Macular Loss; and
—Orientation and Mobility for Blind Adults Over 60 Years of Age.

## MEDIA SERVICES AND CAPTIONED FILMS PROGRAM

### PROGRAM PURPOSE

The primary purpose of the Media Services and Captioned Films program, funded through OSERS' Office of Special Education Programs (OSEP), is to modify and improve captioning technology to enable individuals with hearing impairments to participate more fully in our national life. In practice, this includes captioning, recording, and other adaptation and distribution activities to ensure that film and other media and materials become as available and useful to people with serious hearing impairments as to those without such disabilities. In addition, funds are authorized to provide ongoing support to Recording for the Blind, Inc.

### ACTIVITIES

This program provided: (1) on-going support for the evaluation, selection, captioning and distribution of captioned films for individuals who are deaf; (2) on-going support for increased access to the television medium through the closed-captioning of national and local news, movies, public information, sports, syndicated, and children's programs; (3) continued support for development and production of closed-captioned television decoders; (4) on-going support to the National Theatre of the Deaf, Inc.; and (5) support for special projects which currently includes a captioning services public awareness campaign directed toward individuals who are post-vocationally deaf, hard-of-hearing, or senior citizens.

## ADULT EDUCATION

The U.S. Department of Education is authorized under the Adult Education Act, as revised by Public Law 100–297 to provide funds to the States and outlaying areas for educational programs and support services benefiting all segments of the eligibile adult population. The purpose of the Act, which was reauthorized in 1988 for 5 years, is to encourage the establishment of programs of adult education that will enable adults 16 years of age or older who are beyond the age of compulsory school attendance under State law.

(1) to acquire the basic skills necessary for literate functioning:

(2) to provide sufficient basic education to enable these adults to benefit from in training and to obtain productive employment; and

(3) to enable adults who so desire to continue their education to at least the level of completion of secondary level.

Those adults who have completed the secondary level but are functioning at a lower level are eligible to participate in the program. Students seeking employability skills are also given the means to secure training which will help them to become more employable, productive, and responsible citizens. Federal funds support up to 90 percent of each State's program for the 1988 and 1989 grants; 85 percent for the 1990 grant; 80 percent for the 1991 grant; and 75 percent for the 1992 grant and thereafter. Federal funds also supply up to 100 percent of the program in outlying areas. At least 10 percent of each State's allotment must be used for special experimental demonstration projects and teacher training and at least 10 percent of the States' allotment must be used for corrections education and education of other institutionalized adults. In addition to the basic State administered program, the Act authorize funds for workplace literacy and English literacy. The Act also authorizes various National program including a program of adult literacy volunteer training.

In order to discuss the specifics of the efforts aimed at older adults, one must first be aware of the demographic charges which have a profound impact upon the efforts. According to the 1980 census, the median age of the population in that year was 30.1 years. By 1990, the median age is expected to rise to 33 years. This "graying" of the U.S. population will inevitably continue for several decades after 1990.

The education of older persons has rarely ranked high as an educational priority in the United States, although the 1970's may well be considered the decade of growth in educational gerontology. Demographics have tended to make this development inevitable. Nearly half of the 15.6 million adults 70 years old and over, and about 36 percent of the 8.6 million adults age 65 to 69 have had 8 years of schooling or less (1980 census data). Such a high incidence of under-education indicates a need for emphasizing effective basic and coping skills in programs for older adults.

The adult education program, which is administered by the Office of Vocational and Adult Education is charged with addressing these needs. In 1987 the total number of participants in the program was 3.13 million. The number of participants in the 45 to 59 years range was estimates to be 354,279 and that of the group 60 or older was 167,544. Currently, some 14.9 percent of persons in adult education programs are 45 years of age or older. According to 1982 census data, nearly one-third of all adult illiterates are aged 60 or over. In response to this, the Department of Education has launched a National Adult Literacy Initiative which focuses on this serious problem.

The adult education program addresses the needs of older adults by emphasizing functional competency rather than grade level objectives. States operate special projects to improve services for older persons through individualized instruction, use of media, home-based instruction, and through curricula focused on coping with daily problems in maintaining health, managing, money, using community resources, understanding government and participating in civic activities.

Equally significant is the expanding delivery system, including radio, television, and courses by newspaper, as well as clearinghouses and satellite centers designed to overcome barriers to participation. Where needed, supportive services such as transportation and lunch are provided as are outreach activities adapting programs to the life situations and experiences of older persons. Self-learning preferences are recognized and assisted by providing information guidance and study materials. To reach more older persons adult education programs go into senior centers, nutrition programs, nursing homes, retirement and day care centers.

In conclusion, the national adult education program will continue to seek to meet the learning needs of older Americans. Increased cooperation among the organizations, institutions and community groups involved in this area at national, State, and local levels should lead to increased sharing of resources and improved services.

## ENFORCEMENT OF THE AGE DISCRIMINATION ACT BY THE DEPARTMENT OF EDUCATION

The Department of Education's (ED) Office for Civil Rights (OCR) is responsible for enforcement of the Age Discrimination Act of 1975 (Act), as it relates to discrimination on the basis of age in federally funded education programs or activities. The Act contains certain exceptions which permit, under limited circumstances, continued use of age distinctions or factors other than age that may have a disproportionate effect on the basis of age.

The general governmentwide regulation for enforcement of the Act was published by the former Department of Health, Education, and Welfare (DHEW) on June 12, 1979, at 45 C.F.R. Part 90, and was effective July 1, 1979. OCR is enforcing the Act under the general governmentwide regulation until an ED specific regulation is published. An ED specific regulation for implementing the Act was submitted by OCR to other components in the Department for review and comment, and has been revised based on those comments. The redrafted regulation currently is under review by OCR. Once the ED specific regulation is finalized, it will be forwarded to the Secretary of Education for submission to the Secretary of Health and Human Services and, subsequently, to the Office of Management and Budget. After their review and approval, the final ED specific regulation will be published in the *Federal Register*.

The Act gives OCR the authority to investigate all programs or activities receiving Federal financial assistance that provide student services. OCR does not have the authority to investigate employment complaints under the Act. Employment complaints either are sent to the Equal Employment Opportunity Commission (EEOC), which has jurisdiction under the Age Discrimination in Employment Act of 1967 (ADEA) for certain types of age discrimination cases, or are closed using the DHEW governmentwide procedures described below.

Under those procedures, OCR screens complaints alleging age discrimination to determine whether it has jurisdiction, and forwards any age complaints with service issued to the Federal Mediation and Conciliation Service (FMCS) for resolution through mediation. FMCS has 60 days to mediate the age-only complaints or the age portion of multiple-bases complaints. For complaints alleging discrimination on the basis of age and another jurisdiction (i.e., Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, and national origin; Title IX of the Education Amendments of 1972, which prohibits discrimination on the basis of sex; and/or Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of physical and mental handicap), the applicable OCR case processing time frames are tolled for 60 days (or until the complaint is returned from FMCS, whichever is earlier) to allow FMCS to process the age portion of the case. OCR notifies the complainant(s) of the duration of the tolling of the time frames.

If FMCS is successful in mediating a complaint filed solely on the basis of age within the 60 days allowed, OCR closes the cases. If the case is not resolved, OCR investigates allegations in accordance with the applicable OCR case processing time frames. If the case was filed on the basis of age and another jurisdiction (e.g., Title VI), an attempt first is made by FMCS to mediate the age portion of the case, as described above. If FMCS is successful in mediating the age portion of the case within the 60 days time limit, OCR then processes the other allegations in the complaint within the applicable OCR case processing time frames. If FMCS is not successful in mediating an agreement between the complainant and the recipient on the age portion of the complaint, the case is returned to OCR, and OCR processes the complaint allegations in accordance with the applicable OCR case processing time frames.

Age complaints involving employment filed by persons over the age of 40 are referred to the appropriate EEOC regional office under the ADEA, and the OCR file is closed. EEOC does not have jurisdiction over age/employment complaints that involve persons under 40 years of age. If the complainant is under 40 years of age, and the complaint filed with OCR alleges only employment discrimination, the complainant is informed that there is no jurisdiction under the ADEA, and the case is administratively closed.

Some complaints that involve not only age employment allegations but also employment allegations under another jurisdiction within OCR's authority (e.g., Title VI and Title IX) may be referred to EEOC for investigation. OCR refers to EEOC certain cases alleging individual, as opposed to systemic, employment discrimination, under Title VI and Title IX. On February 22, 1985, OCR issued guidance to its regional offices for determining whether the Title VI and Title IX aspects of the complaint should be referred or retained.

Even though it has jurisdiction, OCR may close an age complaint administratively if another agency is processing the case and OCR determines, based on criteria in its Investigation Procedures Manual, that duplication of effort is not warranted. For example, if the Justice Department is in the process of litigating against the same institution on the same or a related issued, the two Department could determine that, to avoid duplication of effort, the Justice Department will take full responsibility for the investigation of the complaint. OCR also may close the case under an agreement with another agency, which provides that the other agency will assume full responsibility for the investigation and negotiation. Upon completion of the investigation and negotiation, OCR reopens the case to make a compliance determination with regard to the statutes enforced by OCR.

The passage of the Civil Rights Restoration Act of 1987 (CRRA) on March 22, 1988, expanded OCR's jurisdiction, which had been limited by the U.S. Supreme Court decision in *Grove City College v. Bell.* As a result, OCR experienced a significant increase in the number of complaints filed during the last 6 months of fiscal year 1988. Approximately 88 percent of the complaints alleging age discrimination received in fiscal year 1988 were filed during the last 6 months of the fiscal year. The majority of these complaints were filed by a single complainant, alleging discrimination in the benefits and services provided under student health insurance plans of postsecondary institutions.

OCR received 56 age-only complaints in fiscal year 1988, 8 of which were forwarded to FMCS for mediation. One of the 8 cases was successfully mediated by FMCS. The case involved the issue of "career placement." Seven of the 8 cases were not mediated successfully and were returned to OCR for processing. One of the 7 cases was closed after an investigation found no violation of the civil rights statutes enforced by OCR; the remaining 6 cases were still under investigation by OCR at the end of the fiscal year. A variety of issues were cited in these 7 cases, including "selection for enrollment in education programs," "health benefits and services," and "assignment of students within schools." There were no age-only cases pending at FMCS at the end of fiscal year 1988.

OCR closed 59 age-only complaints in fiscal year 1988, some of which had been received in previous fiscal years. Thirty-one of the complaints closed were referred to other agencies for processing; 8 were closed for lack of jurisdiction; and 8 were closed for other administrative reasons. Ten of the cases were investigated by OCR and resulted in no violation findings. One complaint was resolved with corrective action on the part of the recipient and, as noted above, one complaint was successfully mediated by FMCS and closed by OCR. There were 16 age-only complaints pending in OCR at the end of the fiscal year (including cases not successfully mediated by FMCS and returned to OCR for processing).

In fiscal year 1988, OCR received 344 multiple-bases age complaints. Of those, 206 were forwarded to FMCS for processing. Two multiple-bases complaints were successfully mediated by FMCS. The issues cited in these cases were "application for admission to education programs" and "condition of facilities and equipment used in education programs." Sixty-four multiple-bases cases were not resolved successfully by FMCS and were returned to OCR for processing. One of the 64 was closed with remedial action; 4 were investigated and no violation was found; 6 were closed for administrative reasons; and 53 were pending in OCR at the end of fiscal year 1988. The issues cited most frequently in these 11 closed cases were "health benefits and services coverage that is offered or available," "admission to education programs," and "services for students with physical or mental impairments." There were 140 multiple-bases age complaints pending at FMCS at the end of fiscal year 1988.

OCR closed 87 multiple-bases age complaints in fiscal year 1988, some of which had been received in previous fiscal years. Seventeen of the cases were referred to EEOC or other agencies for processing and closed by OCR; 21 were closed for lack of jurisdiction; 22 were closed for other administrative reasons; 19 cases were investigated and no violations were found; 6 complaints were closed with corrective action on the part of the recipient; and, as noted above, 2 complaints were mediated successfully by FMCS and closed by OCR. Of the 8 closures resulting in change, the issues cited most frequently were "health benefits and services coverage that is offered or available" and "application for admission to education programs." There were 134 multiple-bases age complaints pending in OCR on September 30, 1988 (including cases not successfully mediated by FMCS and returned to OCR for processing).

The 400 cases with age as a basis of discrimination represented approximately 11 percent of the total complaints received by OCR during fiscal year 1988. Two hundred and fourteen complaints were referred to FMCS for mediation, 3 of which were mediated successfully. The number of age related complaints increased from 128 in fiscal year 1987 (53 age only and 75 multiple-bases) to 400 (56 age-only and 344 multiple-bases) in fiscal year 1988. OCR confined its age discrimination compliance activities to complaint investigations; no compliance reviews on age discrimination issues were conducted in fiscal year 1988.

## ITEM 5. DEPARTMENT OF ENERGY

DECEMBER 22, 1988.

DEAR MR. CHAIRMAN: In response to your letter of September 21, 1988, requesting an update of Department's current and upcoming activities of particular interest to older Americans, I am submitting the following enclosure that describes departmental activities in areas of energy efficiency programs, information collection and distribution, public participation, and research on the biological and physiological aging process.

I am pleased to contribute to your annual report of Federal activities and programs of interest and assistance to older Americans.

Yours truly,

JOHN S. HERRINGTON.

Enclosure.

### INTRODUCTION

At the heart of President Reagan's energy policy is his commitment to ensuring sufficient and affordable energy supplies for all Americans. Our senior citizens, in particular, have benefited from his policies emphasizing reduced Federal control of energy markets and a balanced and diversified energy mix. During the same time, the size of the country's strategic oil reserves have been increased more than fivefold. As a result, the nation has seen a dramatic turnabout from the turbulent energy events of the seventies. Consequently, America stands better prepared today to guard against the kind of supply disruptions that resulted in rapidly escalating energy costs and scarce supplies during the 1970's.

Accompanying the stability of our energy markets has been an overall drop in prices for crucial fuels, particularly gasoline and home heating oil. On average, consumers paid 32 percent less for gasoline during the first half of 1988 than they did in 1981 and 31 percent less on average for heating oil during the same periods. This has brought enormous savings to the household budgets of our senior citizens.

Enhanced understanding and advances in energy efficiency have also saved elderly Americans money in meeting energy expenses. In fact, Americans today use about the same amount of energy as they did in 1973, despite an economy that is a third larger.

The following provides other Department of Energy (DOE) activities of particular interest to senior citizens.

## ENERGY EFFICIENCY PROGRAMS

*Weatherization Assistance Program.*—The low-income elderly and the handicapped receive priority under this program which provides grants for the installation of insulation, weatherstripping, storm windows, and other energy-saving measures.

In 1988, the Weatherization Assistance Program awarded $157,890,540 of Appropriated Funds in grants to the States and 25 Native American tribal organizations for the weatherization of homes of low-income people. Reports submitted from the inception of the program through September 1988, indicate that over 1.9 million low-income homes were weatherized and that approximately 900,000 of those dwellings were occupied by the elderly. In fiscal year 1988, an estimated 150,000 homes were weatherized; 31,674 of those were occupied by elderly citizens. In addition to Appropriated Funds it is projected that almost $136,000,000 of Petroleum Violation Escrow funds (PVE) were applied to Weatherization Assistance Programs, and it is estimated that more than 30,000 resources returned to the States following Court Ordered Settlements of Petroleum Overcharge Violations that occurred between 1973 and 1981.

*Institutional Conservation Program.*—Title III of the National Energy Conservation Policy Act provided for a matching grant program to support, among other things, professional analyses of the energy conservation potential in public care facilities. The effort of this program is to identify for building operators ways to conserve energy and thus cut their operating costs. The program also hopes to influence the capital investment decisions of an institution's management. In 1988, the Institutional Conservations Program awarded grants totalling $36,643,314.

The State Energy Conservation Program (SECP) was created to promote efficiency and reduce the growth rate of energy demand in participating States. Under this program, States voluntarily enter into a cooperative effort with the Federal Government, under which DOE provides technical and cost-shared financial assistance and the States develop and implement comprehensive plans for specific energy goals. At present, every State, as well as the District of Columbia, and U.S. territories participates in SECP.

The Energy Extension Service (EES) is a Federal/State partnership established by the National Energy Extension Service Act of 1977 to provide small-scale energy users with personalized information and technical assistance to facilitate energy conservation and the use of renewable resources. Started as a 2 year pilot effort in 10 States, the program was expanded nationwide by Congress after an evaluation demonstrated its effectiveness. All States, as well as U.S. territories and the District of Columbia, received cost-shared grants to help individuals, small businesses, and local governments take practical conservation steps.

Senior citizens are eligible for services provided through SECP and EES (directly or indirectly). In addition, many States have developed and implemented projects specifically for this population sector. Examples include, Senior Weatherization and Training, Hands-On Energy Conservation Workshops, Low Interest Loan Programs, Senior Energy Savings Month and numerous seminars addressing the varied needs of senior citizens. These projects are often co-sponsored with agencies whose primary focus is on senior citizens.

## INFORMATION COLLECTION AND DISTRIBUTION

The Energy Information Administration collects and publishes comprehensive data on energy consumption in the residential sector through the Residential Energy Consumption Survey. This survey includes data collected from individual households' energy suppliers for a 12-month period. The data include information on energy consumption, expenditures for energy, cost by fuel type, and related housing unit characteristics (such as size, insulation, and major energy-consuming appliances).

The results of this survey are analyzed and published by the Energy Information Administration. The most recent Residential Energy Consumption Survey that contains data pertaining to the elderly was conducted between January 1987 and December 1987. Results of this survey will be reported in a series of Residential Energy Consumption Survey publications. The *Residential Energy Consumption*

*Survey: Housing Charcteristics 1987* (projected publication: June 1989) provides data on energy-related characteristics of housing, including the square footage of the housing unit and types of fuel used. The energy-related characteristics are categorized by the age of the householder. Estimates of consumption and the expenditures of electricity, natural gas, fuel oil, kerosene and liquefied petroleum gas for elderly households will be reported in the *Residential Energy Consumption Survey: Consumption and Expenditures, January 1987 through December 1987, Part 1, National Data* (projected publication: September, 1989) and *Part 2, Regional Data* (projected publication: November 1989.)

Another publication containing energy data as it relates to the elderly will be published in 1989. This report, *Consumption Patterns of Household Vehicles, 1988* presents data on energy used in personal vehicles, including annual miles traveled, gallons of fuel consumed, type of fuel used, and vehicle miles-per-gallon. For information about residential energy consumption over time, see *Residential Energy Consumption Survey: Trends in Consumption and Expenditures 1978-1984*. This report discusses the amount of energy consumed and the moneys expended for energy between 1978 and 1984. The next Residential Energy Consumption Survey will be conducted in the fall of 1990.

The published reports can be obtained form the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20401 and from the National Energy Information Center, 1000 Independence Avenue, SW., Washington, DC 20585.

## PUBLIC PARTICIPATION ACTIVITIES

During fiscal year 1988, the U.S. Department of Energy has remained active with the National Energy and Aging Consortium, a network of more than 50 organizations from the public and private sectors. This organization is the only one of its kind that brings Federal agencies together with national aging organizations and the private sector to discuss and implement solutions to the energy-related needs of the elderly.

The Division of Consumer Affairs has represented the Department in the Consortium by serving on its Steering Committee. Through participation in this group, DOE has exercised leadership in forming partnerships with a variety of organizations that have worked with elderly citizens to assist with their energy needs and concerns.

The Energy Department's staff has maintained open channels of communication with Federal agencies and departments for the purpose of improving information exchange about energy assistance programs. This information exchange gives particular emphasis to programs that allow for special attention to the elderly.

October 1988 was designated by the Secretary of Energy as Energy Awareness Month (EAM). More than 70 organizations throughout the United States, Puerto Rico, and Pacific Territories, including senior citizens groups, sponsored Energy Awareness Month events and activities. These ranged from poster contests to energy education projects, exhibits and open houses at energy facilities. The benefits of energy conservation were a particular focus of many other activities. DOE promoted Energy Awareness Month through special publications and TV spots. The American Association of Retired Persons was among the organizations serving on the EAM Steering Committee.

The Department of Energy also prepares a quarterly consumer information news column for distribution to more than 3,000 daily and weekly newspapers on a nationwide basis. The column is written for all age groups; but periodically, information more specifically of concern to the elderly community is addressed. The same is true of a monthly DOE national radio program and monthly public service announcements conveying energy information and welcoming comments and viewpoints.

## RESEARCH RELATED TO BIOLOGICAL AGING

In 1988, the Office of Health and Environmental Research (OHER) administered a program of research to characterize the health impacts of energy production and use and to maximize the use of the Department of Energy's unique laboratory resources in biological research. The Department continues to identify and characterize long-term, late-appearing effects induced by chronic exposure to low levels of physical agents. Health effects caused by chronic low-level exposure to energy-related toxic agents often develop over the entire lifespan. Consequently, such effects must be clearly distinguished from the normal aging process. To make a valid distinction between induced effects and spontaneously occurring changes, information on changes occurring throughout the lifespan is collected for both experimental and control groups. These data help to characterize the normal aging processes as well as the toxicity of energy-related agents over time. Additional studies are conducted to obtain a better understanding of the aging process itself. Thus, DOE sponsors two categories of studies related to biological aging: (a) studies indirectly concerned with biological changes occurring over long periods of time in animals and in humans; and (b) studies designed to elucidate the biological processes in aging. As in the past, lifetime studies of humans and animals constitute the major effort in ongoing research related to biological aging. Research directly concerned with the aging process has been conducted at several of the Department's contractor facilities. Summarized below are specific research projects addressing aging that the Department sponsored in 1988.

### *Long-Term Studies of Human Populations*

These studies provide valuable data on health effects and life shortening in human populations exposed to hazardous chemical and physical agents associated with energy technologies. Additional information on lifespan and aging in human populations is also collected. Since long-term studies of human populations are costly, time-consuming, and complex, they are initiated on a highly selective basis.

The Radiation Effects Research Foundation (RERF), sponsored jointly by the United States and Japan, continued work on a lifetime follow-up of survivors of atomic bombings that occurred in Hiroshima and Nagasaki in 1945. Over 100,000 persons are under observation in this study.

An important feature of this study is the acquisition of valuable quantitative data on dose-response relationship. Studies specifically concerned with age-related changes also are conducted. No evidence of radiation-induced premature aging has been obtained.

After being accidentally exposed in 1954 to radioactive fallout released during the atmospheric testing of a thermonuclear device, a group of some 200 inhabitants of the Marshall Islands has been followed clinically, along with unexposed controls, by medical specialists at the Brookhaven National Laboratory. Thyroid pathology, which has responded well to medical treatment, has been prevalent in individuals heavily exposed to radioiodine. (This study is currently conducted under the auspices of the Department's Office of Defense Programs.)

Nearly 2,000 persons exposed to radium, occupationally or for medical reasons, have been studied at the Center for Human Radiobiology, Argonne National Laboratory.

Other studies currently involving the Department include:

—A Los Alamos National Laboratory epidemiologic study of plutonium workers at six Department of Energy facilities. An estimated 15,000 to 20,000 workers will be followed in this retrospective mortality study.

—A study of some 400,000 contractor employees at Department of Energy facilities who are being analyzed in an epidemiologic study to assess health effects produced by long-term exposure to low-levels of ionizing radiation chemicals.

—The U.S. Uranium/Transuranium Registry, which is operated by the Hanford Environmental Health Foundation, is collecting occupational data (work, medical, and radiation exposure histories) as well as information on mortality in worker populations exposed to plutonium or other transuranium radioelements. At the present time, 14,500 workers from 10 facilities are registered with the Foundation. Autopsy data have been obtained in 339 cases.

### *Lifetime Studies in Short-Lived Mammals*

Although human studies are preferable in assessing health impacts associated with any hazardous agent, their inherent limitations necessitate acquiring quantitative data from controlled lifetime studies of animal populations.

Small rodents with lifespans of 2 to 3 years provide data in a minimum of time and at low cost, and they have been extensively used in large-scale studies of the effects induced by low doses of ionizing radiation. Studies using rodents to study chronic effects of radiation are underway at the Brookhaven National Laboratory, the Lawrence Berkeley Laboratory, and the Oak Ridge National Laboratory.

### *Lifetime Studies with Long-Lived Mammals*

From some points of view, long-lived mammals represent better human surrogates than do their short-lived counterparts. Thus, obtaining quantitative data on responses of long-lived species to hazardous agents is important—and studies are now being conducted at the Argonne National Laboratory, the Lovelace Inhalation Toxicology Research Institute, and the Pacific Northwest Laboratories. This research increases our knowledge of lifespan, age-related changes, morbidity, mortality, and causes of death, as well as alterations in these characteristics that may be induced by radiation. Because of the cost and time involved, these lifetime studies were initiated on a highly selective basis, and no new studies are being started.

### *Research Directly Concerned with Aging*

Interest in biological aging has continued in several of the Department of Energy laboratories and has resulted in additional research at the modular, cellular, and organismal levels of biological organization. Examples include: (a) research at the Lovelace Inhalation Toxicology Research Institute on effects of age on lung function and structure of adult animals, and (b) the study and diagnosis via radiopharmaceuticals and new imaging devices of age-related dysfunctions of the brain and heart, including senile dementia, alzheimer's disease, stroke, and atherosclerosis.

### *Trends and Prospects*

Given the need to assess long-term and late-appearing effects of hazardous agents associated with energy technologies, lifetime studies of animal and human populations will continue. There is a particular need for lifespan data on responses to individual chemical agents and to combinations of toxic chemicals. In future research, lifetime studies involving short-lived species will be emphasized. No new lifetime studies involving long-lived animals are planned. Efforts in research on molecular and cellular aspects of aging in mammals are expected to increase. As a result, additional information on age-related changes in both animals and humans should be forthcoming.

## ITEM 6. DEPARTMENT OF HEALTH AND HUMAN SERVICES

JANUARY 13, 1989.

DEAR CHAIRMAN MELCHER: On behalf of Secretary Bowen, I am pleased to forward the Department of Health and Human Services' contribution to the *Developments in Aging,* annual report.

Please find enclosed information submitted from: the Administration on Aging; the Administration on Developmental Disabilities; the Assistant Secretary for Planning and Evaluation; the Centers for Disease Control; the Food and Drug Administration; the Family Support Administration; the Health Care Financing Administration; the Office of Human Development Services; the Health Resources and Services Administration; the National Institutes of Health; the Office of the Inspector General; the Office of the Surgeon General; and the Social Security Administration.

If my office can be of any further assistance, please don't hesitate to contact me or Mary Sue Olcott at 245-7538.

Sincerely,

MARY T. GOEDDE,
*Assistant Secretary for Legislation.*

Enclosure.

# HEALTH CARE FINANCING ADMINISTRATION

## Long Term Care

The mission of the Health Care Financing Administration is to promote the timely delivery of appropriate, quality health care to its beneficiaries—approximately 47 million aged, disabled, and poor Americans.

Medicaid and Medicare are the principal sources of funding for long term care in the United States. The primary types of care reimbursed by these programs of HCFA are skilled nursing facilities (SNFs), intermediate care facilities (ICFs), and home health services.

HCFA's Office of Research and Demonstrations (ORD) conducts studies and projects that demonstrate and evaluate optional reimbursement, coverage, eligibility, and management alternatives to the present Medicaid and Medicare programs. ORD also assesses the impact of beneficiary access to services, health care providers, and the health care industry.

### DEMONSTRATION ACTIVITIES

In 1988, HCFA continued and/or completed a number of demonstrations aimed at testing the effectiveness of community-based and in-home delivery systems for long term care services. These projects focus on the coordination and management of an appropriate mix of health and social services directed at individual client needs.

Studies and demonstrations also are being conducted to assess the impact of innovative reimbursement strategies to promote cost containment and foster quality of care. Efforts are also underway to identify more effective long term care quality assurance techniques and to improve the statistics and baseline information upon which future assessment of needs, problem identification, and policy decisions will be based.

As a result of a directive in the Omnibus Budget Reconciliation Act of 1986, HCFA is developing demonstrations aimed at providing effective care to Alzheimer's Disease patients and chronically mentally ill individuals residing in the community.

## DEMONSTRATION PROJECTS AND INITIATIVES - 1988

### Report to Congress: Identifying Individuals At Risk of Institutionalization

Period: September 1985-October 1986
Total Funding: $ 227,316
Contractor: Mathematica Policy Research, Inc.
P.O. Box 2393
Princeton, NJ 08543-2393
Investigator: Tom Grannemann, Ph.D.

The evaluation of the National Long Term Care Channeling Demonstration produced an extensive data base including client and informal support characteristics and cost and utilization information on the 6,341 participants. Further analysis of the data was undertaken by Mathematica Policy Research, Inc., to identify clients who are at risk of institutionalization who could be treated more cost effectively with community-based services. This study was mandated by The Orphan Drug Act (Public Law 97-414), passed by Congress in 1983. In addition to the channeling data, Mathematica reviewed the findings of other studies to examine predictors of institutionalization. The study found no sets of characteristics that alone or in combination can predict with precision what individuals are at high risk of institutionalization. A Report to Congress describing the study findings was submitted to Congress in October 1987.

Comparative Study of State Approaches to Long Term Care System Reform

Period: September 1986-January 1988
Total Funding: $ 199,826
Awardee: National Governors' Association
Center for Policy Research
Hall of States
444 North Capitol Street
Washington, DC 20001-1572
Investigator: Diane Justice

The Health Care Financing Administration and the Office of the Assistant Secretary for Planning and Evaluation co-sponsored this study by the National Governors' Association. The purpose of the study was to compare and assess the strategies employed by six States (Arkansas, Illinois, Maine, Maryland, Oregon, and Wisconsin) to consolidate their authority over the long term care services system so that resources can be more rationally allocated between institutional and community settings. The study examined how States are capitalizing on existing system flexibilities, what policy and programmatic issues must be overcome to achieve State goals, and what State practices seem most effective in achieving system change. The National Governors' Association has completed the final report for this project, entitled "State Long Term Care Reform: Development of Community Care in Six States," in early 1988.

Monroe County Long Term Care Demonstration

Period: August 1980-June 1988
Total Funding: $ 3,010,375
Awardee: Monroe County Long Term Care
Program, Inc.
349 W. Commercial Street, Suite 2250
East Rochester, NY 14445
Investigator: Gerald Eggert, Ph.D.

Between 1982 and 1986 this demonstration tested an expansion of the alternative long term care delivery model, Assessment for Community Care Services (ACCESS), originally developed for the Medicaid population in Monroe County, New York, to include the county's Medicare population. The project worked toward an integration of Medicare and Medicaid long term care services and attempted to bring about more cost-effective use of institutional and community-based long term care services. More than 10,000 Medicare beneficiaries with potential long term care needs received assessments during the project. An evaluation of the demonstration was conducted by Berkeley Planning Associates, Inc. In general, the evaluation found that the program did not reduce total health care expenditures.

This project subsequently was extended to permit development of a pilot project for targeted case management of those chronically ill Medicare beneficiaries most at risk of incurring multiple hospital admissions. Once the pilot design was completed, however, HCFA decided not to fund an operational phase. The cooperative agreement ended on June 30, 1988.

Prevention of Falls in the Elderly

Period: September 1984-December 1988
Total Funding: $ 695,894
Awardee: Kaiser Foundation Research Institute
Health Services Research Center
4610 Southeast Belmont Street
Portland, OR 97215
Investigator: Mark Hornbrook, Ph.D.

In September 1984, a cooperative agreement was awarded to the Kaiser Foundation Research Institute to test both the cost-effectiveness of a comprehensive environmental and behavioral program designed to prevent falls in the elderly and to estimate the net financial benefits or costs to a health maintenance organization and the Medicare program of a given level of falls prevention for a defined target population. Funding support for this demonstration was supplemented by the National Institute on Aging, the Robert Wood Johnson Foundation, and Kaiser Foundation Hospitals, Inc. The project was conducted at the Health

Services Center, Kaiser Permanente Medical Care Program in Portland, Oregon. This was a randomized study of 2,509 households with one or more Kaiser members aged 65 or over who were recruited into two groups, control and intervention. Baseline data on household environmental circumstances and fall hazards and the member's physical and psychological health status were obtained during a home audit. Participants were randomized into one of the two groups. Participants in the intervention group were offered a special falls prevention program that included a self-management educational curriculum and the installation of safety equipment and minor home renovations to correct safety hazards. In addition, a retrospective medical record review will be completed for a blind control group consisting of a 5 percent sample of Kaiser members age 65 and over to measure the incidence of falls-related medical care use.

The project is in its fourth year of operation. The follow-up period to assess the incidence of falls ended December 1987. The cooperative agreement was extended until December 1988 to allow the final report to HCFA to include the studies' analysis of fall-related medical care use. The final report is expected by the spring of 1989.

### Modifications of the Texas System of Care for the Elderly: Alternatives to the Institutionalized Aged

Period: January 1980-December 1989
Total Funding: Waivers only
Grantee: Texas Department of Human Resources
701 West 51st Street
P.O. Box 2960
Austin, TX 78769
Investigator: Kent Gummerman, Ph.D.

The purpose of this project is to reduce the growth of nursing homes in Texas and, at the same time, expand access to community care services for needy Medicaid individuals. It is being accomplished by directly changing the operating policies of the State's title XIX and title XX programs -- specifically, by eliminating the State's lowest level of institutional care, Intermediate Care Facility (ICF)-II. Existing organizations responsible for the State's title XIX and title XX programs are responsible for project implementation.

Substantial progress has been made in achieving project objectives. In March 1980, there were 15,486 individuals in the ICF-II group. As of December 1987, there were 1,235 ICF-II clients remaining. From March 1980 to December 1987, the total institutional population also decreased from 64,820 to 55,425 clients (a reduction of 14.3 percent), while the community-care population has grown from 30,792 to 52,460 — an increase of slightly more than 70 percent. This project was scheduled to terminate on December 31, 1988, but a 1-year extension (through December 1989) is required by the Medicare Catastrophic Coverage Act of 1988.

### New Jersey Respite Care Pilot Project

Period: July 1988-September 1990
Total Funding: Waivers only
Grantee: New Jersey Department of Human Services
222 South Warren Street
Trenton, NJ 08625
Investigator: William Ditto

The New Jersey Respite Care Pilot Project was implemented in 1988 to help individuals care for elderly and disabled family members who are at risk of institutionalization by providing services and support needed by both care-recipients and caregivers. The purpose of the study is to determine the extent to which the provision of respite care services will delay or avert institutional placement and enhance and sustain the rate of the family in providing long term care services. All of New Jersey's 21 counties are participating in the program. The respite care services provided under this project include short-term and intermittent companion services; homemaker, home health aides, and personal care services; adult day care; and inpatient respite in a hospital or nursing home. Services are available on a planned or emergency basis. In addition to these services, peer support, training, and counseling is provided to family caregivers.

HCFA originally was directed to approve this project by the Omnibus Budget Reconciliation Act of 1986. New Jersey did not implement the project after the passage of the original authorizing legislation because of a provision that required all participants to be Medicaid-eligible. The project's eligibility criteria were later amended by the Omnibus Budget Reconciliation Act of 1987 to provide authorization for the program to include a non-Medicaid population, and the program was implemented on July 1, 1988.

### Efficacy of Nursing Home Preadmission Screening

Period: June 1988-June 1990
Total Funding: $ 325,000
Awardee: Brown University
Division of Biology and Medicine
Providence, RI 02912
Investigator: Mary E. Jackson, Ph.D.

In recent years more than 30 States have adopted some form of nursing home preadmission screening as a method of identifying target populations for receipt of community-based services that would be at risk of institutionalization in the absence of the community services. The purpose of this project is to evaluate a nursing home preadmission screening methodology being used by the State of Connecticut, to identify those persons who would be institutionalized if community-based services (under the State's Medicaid home and community-based services waiver program) were not available. The project will analyze the extent to which the screen accurately predicts the need for a nursing home level of care or an equivalent level of community care. It is anticipated that this study will result in refinements to the Connecticut instrument, thereby assisting in the placement of long term care clients in the most cost-effective setting. The project also hopes to include several other States' preadmission screening instruments in the analysis.

### Design of Medicare Alzheimer's Disease Demonstration

Period: October 1987-January 1989
Total Funding: $ 428,786
Contractor: Mathematica Policy Research, Inc.
P.O. Box 2393
Princeton, NJ 08543
Investigator: Tom Grannemann, Ph.D.

Section 9342 of Public law 99-509, the Omnibus Budget Reconciliation Act of 1986 (OBRA-86) requires the Secretary to conduct at least 5 (and not more than 10) demonstration projects to determine the effectiveness, cost, and impact of providing comprehensive services to Medicare beneficiaries who are victims of Alzheimer's disease or related disorders. The legislation specifies that the project shall be conducted over a period of 3 years and that sites must be geographically diverse, located in States with a high proportion of Medicare beneficiaries and in areas readily accessible to a significant number of beneficiaries. The services to be provided under the demonstration may include: case management; home and community-based services such as adult day care and personal care services; and education, counseling, and other supports for the primary informal caregiver (the family member who provides the most informal care) of the Alzheimer's patient.

This contract was awarded to Mathematica Policy Research, Inc., to assist HCFA in designing and implementing the demonstration. The proposed design calls for testing of alternative models that involve variations in the type and amount of services covered or the level of Medicare reimbursement and the intensity of case management. Demonstration sites are being selected through a competitive process during 1988. Site selection is scheduled for the fall of 1988. After an initial planning phase, the demonstration sites will begin furnishing services to clients in the spring of 1989. HCFA plans to award a contract in the spring of 1989 for an independent evaluation of the demonstration.

## Study of the Costs of Case Management

Period: August 1988-May 1989
Total Funding: $ 33,061
Awardee: University of Minnesota
1919 University Avenue
St. Paul, MN 55104
Investigator: Rosalie Kane D.S.W.

The term "case management" often is used in reference to a variety of approaches and settings involving coordination of medical and/or supportive services. This study will prepare a synthesis of information on long term care case management and its costs. The report will develop a typology of case management approaches that now exist, identify organizational and other factors that influence the costs of case management programs, discuss how to evaluate the costs and benefits of case management, and conduct analyses that will explore the likely cost implications of case management as determined by the key factors identified by the typology.

## Study of Inappropriate Use of Medications by Medicare Beneficiaries

Period: August 1988-February 1989
Total Funding: $ 23,279
Awardee: University of Minnesota
1919 University Avenue
St. Paul, MN 55104
Investigator: Roger Feldman, Ph.D.

This study will synthesize the existing literature on health problems associated with the inappropriate use of prescription medications by the noninstitutionalized elderly population. The study will explore the extent of present knowledge regarding the prevalence of such a problem, which medications are most likely to be prescribed or used improperly, and possible interventions that might lead to a reduction in medical problems associated with inappropriate medication use by the elderly.

## Study of Long Term Care Quality and Nursing Homes

Period: September 1983-September 1986
Total Funding: $ 808,176
Awardee: University of Colorado Health Sciences Center
4200 East 9th Avenue, C-421
Denver, CO 80262
Investigator: Andrew Kramer, M.D.

The purpose of this evaluation of the Robert Wood Johnson Foundation's (RWJF) Teaching Nursing Home Program (TNHP) has been to assess the impact of nursing school/nursing home affiliations on patient outcomes and costs of patient care. Eleven university-based schools of nursing were funded by RWJF to establish clinical affiliations with one or two nursing homes. Objectives of the study include assessing the extent to which the TNHP approach reduces hospitalizations and emergency room use, examining whether the length of nursing home stays are reduced and discharges into independent living environments are increased, and determining the program's effect on the health status and functioning of the patient. In addition to utilization and patient impacts, a cost-benefit analysis is being conducted. The evaluation of this program is sponsored jointly by the Health Care Financing Administration and RWJF. (RWJF funded the latter part of the evaluation from October 1986 until December 1988.) Information about the individual teaching nursing home facilities was summarized in a programmatic report published in 1985. A final report discussing outcome results, process quality results, and policy implications will be available in early 1989.

## Development, Pilot Testing, and Refinement of Valid Outcome Measures for the Home Care Setting

Period: September 1985-August 1988
Total Funding: $ 201,143
Awardee: Home Care Association of Washington
406 Main Street, Suite 116
Edmonds, WA 98020
Investigator: Bernadette Lalonde, Ph.D.

This project, conducted by the Home Care Association of Washington, was designed to develop, pilot-test, and refine seven patient-centered outcome measurement scales to monitor and assess the quality of care delivered by home health agency (HHA) personnel. The scales are designed to monitor the quality of care within agencies rather than serve as measures to compare quality across HHAs. The project conducted pilot tests of each outcome scale in the Home Care Association of Washington's member agencies on a randomly selected sample of home care patients. A draft final report has been submitted by the project and is being reviewed by the Health Care Financing Administration.

## Development of Outcome-Based Quality Measures for Home Health Services

Period: September 1988-December 1992
Total Funding: $ 1,965,389
Contractor: Center for Health Policy Research
1355 S. Colorado Boulevard
Denver, CO 80222
Investigator: Peter Shaughnessy, Ph.D.

Most efforts to evaluate home health care quality have focused on the home health agency organizational structure or the process of care delivery but have neglected patient outcome measures as quality indicators. The purpose of this contract is to develop and test outcome-based measures or indicators of quality for Medicare home health services. The measures are to be reliable and valid for use in monitoring and comparing quality of home health care across agencies recognizing possible confounding factors such as case mix. The measures that are tested will be selected from a broad range of possible approaches including general health and functional status measures, indicators that are linked to specific diagnostic conditions and/or services, and measures that are more practical and less costly to administer. Criteria that will be used in the selection of measures to be tested include feasibility, reliability, validity, impact on quality access, and the cost/burden of data collection to the Health Care Financing Administration and home health agencies.

## Develop and Demonstrate a Method for Classifying Home Health Patients to Predict Resource Requirements and to Measure Outcomes

Period: June 1987-June 1989
Total Funding: $ 670.000
Awardee: Georgetown University
Georgetown School of Nursing
3700 Reservoir Road, NW
Washington, DC 20007
Investigator: Virginia Saba, RN, Ed.D

The purpose of this cooperative agreement is to develop a method for classifying and assessing Medicare patients receiving care in certified Home Health Agencies (HHAs) that will predict resource requirements and measure outcomes of care. An abstract form has been developed to collect information concerning relevant indicators of resource requirements and outcomes. This form will be used to collect data from the home health records of 10,000 patients recently discharged by approximately 400 certified HHAs stratified by size, ownership, and geographic location. The data will be analyzed to determine which variables are most predictive of resource requirements. The selected relevant variables will be incorporated into an assessment and case-mix classification tool that categorizes patients according to predicted resource requirements. Patient responses to home health care will also be evaluated to develop a quantitative outcome measurement tool. A computer application will be designed for efficient use of the developed tools. Data collection is in process and is expected to be completed by January 1989.

### Home Health Agency Prospective Payment Demonstration

Period: December 1983-December 1988
Total Funding: $ 2,839,501
Contractor: Abt Associates, Inc.
55 Wheeler Street
Boston, MA 06115
Investigator: Henry Goldberg

The purpose of this project is to develop and test alternative methods of paying home health agencies on a prospective basis for services furnished under the Medicare program. The demonstration will enable the Health Care Financing Administration to evaluate the effects of various methods of prospective payment on health care expenditures, quality of home health care, and home health agency operations.

In response to section 4027 of the Omnibus Budget Reconciliation Act of 1987, which directs HCFA to conduct a demonstration of prospective payment for home health agencies, Abt Associates is working with HCFA to develop a project design and to assist HCFA in implementing the demonstration. At this time, HCFA and Abt are finalizing details of the proposed payment methods that will be tested. As part of this effort, Abt is also performing analysis of home health agency plans of treatment, cost reports, and Medicare claims to provide HCFA with information about length of home health episodes and the relationship between patient characteristics and resource use. The operations phase of the demonstration is expected to begin in mid-1989.

### Design of a Demonstration of Medicare Payment for Community Nursing Organizations

Period: August 1988-November 1989
Total Funding: $ 196,109
Awardee The People-to-People Health Foundation
(Project HOPE)
2 Wisconsin Circle, Suite 500
Chevy Chase, MD 20815
Investigator: Burton Dunlop, Ph.D.

Section 4079 of the Omnibus Budget Reconciliation Act of 1987 directs the Secretary to conduct a demonstration testing Medicare reimbursement on a capitated basis for services furnished by Community Nursing Organizations (CNOs). Project HOPE is assisting the Health Care Financing Administration with the design of the demonstration. Tasks involved in this development effort include specifying the eligibility standards for CNOs, defining the services that will be reimbursed by Medicare, establishing a methodology for calculating the capitated payment rates, developing a research design and evaluation strategy for the demonstration, and assisting in the recruitment of the demonstration sites. The demonstration is expected to begin operations in early 1990.

### Social Health Maintenance Organization

Period: September 1985-December 1989
Total Funding: $2,388,622
Contractor: University of California, San Francisco
Aging Health Policy Center
San Francisco, CA 94143
Investigator: Robert Newcomer, Ph.D. and Charlene Harrington, Ph.D.

The social health maintenance organization (S/HMO) seeks to enroll, voluntarily, persons 65 years of age or over in an innovative prepaid program that integrates medical, social, and long term care delivery systems. The S/HMO merges the health maintenance organization concepts of capitation financing and provider risk-sharing developed by the Health Care Financing Administration (HCFA) under its Medicare capitation and competition demonstrations with the case management and support services concepts underlying Department of Health and Human Services (DHHS)-sponsored long term care demonstrations serving the chronically ill aged. Evaluation results will be used by HCFA and DHHS to assess whether the S/HMO concept should be fostered through changes in prepaid Medicare contracting regulations.

This contract was awarded in September 1985. An interim report was forwarded to Congress August 15, 1988.

### Study of Management Minutes, Resource Utilization Groups -II, and Other Resource Management Systems

Period: September 1986-June 1987
Total Funding: $ 23,667
Contractor: University of Michigan
Institute of Gerontology
300 North Ingalls
Ann Arbor, MI 48109
Investigator: Brant Fries, Ph.D.

Under this project data analyses were performed to compare different case-mix systems that are currently in use or being developed, including the Resource Utilization Groups-II (RUGS-II) and "management minutes" methodologies. The data bases included:

- o Data from New York that describes the characteristics and nursing resource use of 3,400 patients in 52 New York State nursing homes.
- o Data from Texas on the characteristics and nursing resource consumption of 2,000 nursing home residents.
- o A Medicare data set that describes patient characteristics and nursing and other resource use by 1,700 Medicare patients and 600 non-Medicare patients in 38 nursing homes in 5 States.

The analyses addressed the relationships between patient resource management systems and actual nursing time predicted, resource consumptions, and classification systems.

The study found that the RUGS-II system ranked only slightly better than the other systems in explanation of variance, but it displayed consistency across data sources as well as across the several comparison criteria employed. The "management minutes" and Minnesota Systems proved to be only slightly less attractive than the RUGS-II system. They are well designed and rate well on the multiple criteria evaluated. These findings support the studys underlying assumption that the choice of a resource measurement system needs to be made on a variety of criteria, not only on the variance explanation, the criterion most often referenced in the literature. A final report was submitted to the National Technical Information Service.

### A Longitudinal Study of Case-Mix Outcomes and Resource Use in Nursing Homes

Period: September 1985-November 1988
Total Funding: $ 722,135
Awardee: Brown University
Box G
Providence, RI 02912
Investigator: Vincent Mor, Ph.D.

This study of natural histories of patient outcomes was designed to analyze the variation in outcomes for nursing home residents and the relationship between case-mix adjusters and these outcomes. Using several large administrative data sets, the project focused on quality based outcome measures such as changes in physical function, discharge status, and changes in clinical conditions and the receipt of services. Data on residents from the National Health Corporation, New York State, and Texas facilities were used in these analyses.

The study consisted of three major areas of analyses. The first set of analyses described probabilities of functional change and discharge locations for a cohort of residents newly admitted to the nursing home. Analyses of the changing risk of discharge dead, to home, and to the hospital over the first year of stay show that early in the stay, a positive outcome is strongly related to the functional abilities of the residents. The longer residents remain in the facility, the less likely they are to leave.

Three different data sets were then used to describe the relationship between case-mix adjusters and quality indicators. Outcomes examined include several measures of physical functioning, decubitus ulcers, urinary tract infections, contractures, and the use of restraints and bladder and bowel definitions used, and populations studied, some common patterns were identified. Changes in functional abilities were more consistently associated with age than with diagnosis.

The final phase of analysis was a validation of three multivariate models that predict 6-month outcomes. The models predict functional improvement, functional decline, and death for a cross-section of nursing home residents. Each model was initially developed with data from Rhode Island, as part of a study funded by the National Center for Health Services Research. Using data from New York State and National Health Corporation nursing home residents, these three models were re-estimated. Overall, the majority of terms in the three models were related to the outcomes as found in the Rhode Island models. There was some variation in the magnitude and significance of the relationships. However, robust associations were found for parameters that were most consistently defined and those that were less dependent on variations in practice patterns. Functional status, as measured by the eating and transfer, was the patient characteristic most consistently related to prevalence and incidence of decubitus ulcers, urinary tract infections, contractures, and restraint use.

A draft of the final report has been received and is under review.

### New York State Integrated Quality Assurance System for Residential Health Care Facilities: The Next Step After Case-Mix Reimbursement

Period: August 1986-July 1989
Total Funding: $ 597,695
Awardee: New York State Department of
Social Services
40 North Pearl Street
Albany, NY 12243
Investigator: Don Schnieder, Ph.D.

The objectives of the New York State Quality Assurance System (NYQAS) are to link data from the case-mix reimbursement system for use in the quality assurance system and to integrate the quality assurance processes of survey/certification, inspection of care, and utilization review. The State recently implemented a case-mix payment system for residential health care facilities for which all patients are assessed at least biannually. The resulting data on patient characteristics are audited and entered on a client-specific data base that can be utilized to target quality assurance activities toward facilities that:

- Have staffing patterns that seem inappropriate to needs of patients.
- Have excessive numbers of patients with clinical outcomes that indicate possible deficiencies in the quality of care.
- Have unexpected negative outcomes from one review to the next.

External outcome standards, survey and certification, inspection of care, and utilization review activities will be integrated into a single, patient-centered process. The use of the case-mix data base will serve to focus reviewer energies on problem facilities. The ability to routinely track significant or potentially significant deteriorations in patient care will trigger off-cycle surveys. Facilities identified as having few or no problems will be targeted for abbreviated surveys.

During years 01 and 02, the State has completed the NYQAS design. Year 03 will see the implementation of NYQAS starting November 1988. The State has designed a training program for State surveyors on the use of the new protocols and procedures and has contracted with Hunter College to provide the surveyor training in various parts of the State. The training began October 1988. Administrative waivers will permit sampling of resident review (as opposed to 100 percent review), a survey cycle that averages 12 months (as opposed to 12 months for all homes), and the alignment of utilization review with case-mix assessment intervals.

### Design, Implementation, and Evaluation of a Prospective Case-Mix System for Nursing Homes in Massachusetts

Period: August 1986-December 1989
Total Funding: $ 362,312
Awardee: Massachusetts Department of Public Welfare
Medical Assistance Division
600 Washington Street
Boston, MA 02116
Investigator: Susan Flanagan, M.P.H.

This project will design, implement, and evaluate a prospective case-mix system for a random sample of nursing homes in Massachusetts. This payment system will develop and test incentives for these nursing homes to admit and treat heavy-care patients while minimizing declines in quality of care. Experimental facilities will be compared with facilities that will continue to be reimbursed under the present system. A minimum of 18 experimental and 16 control homes will participate. The system will modify four of seven components of the nursing home reimbursement system currently used in the State. For demonstration facilities, nursing services payment will be case-mix adjusted using "management minutes." Incentives to admit and treat heavy-care patients will be used to further modify the nursing cost center. Various financial incentives will also be used to reduce other "controllable" operating costs.

The cooperative agreement was awarded in August 1986. During the first 2 years, project staff finalized aspects of the proposed payment system, assigned volunteer nursing homes to the experimental and control groups, and improved their quality-assurance mechanisms. Implementation of the case-mix system commenced on October 3, 1988 for 1 experimental year. Development of quality assurance indicators using this case-mix data base is in progress during the implementation year. Statewide implementation will be evaluated based on the demonstration results.

### Texas Long Term Care Case-Mix Reimbursement Project

Period: September 1984-January 1988
Total Funding: $ 293,803
Awardee: Texas Department of Human Services
701 West 51st Street
Austin, TX 78769
Investigator: Pam Coleman

The Texas Department of Human Services was awarded a 4-year cooperative agreement effective September 30, 1984, to develop and test a prospective case-mix payment methodology for long term care facilities. Case-mix payment involves assessment of patient characteristics associated with various patterns of service needs and payment at a rate appropriate to that need. The case-mix payment methodology will reflect institutional case mix and the associated costs of service. The purpose of the project is to develop a more equitable payment system for long term care providers than the current flat-rate system for reimbursement of skilled nursing and intermediate care facilities' services. The project built on the results of research conducted in the State of New York. It includes:

- Two data collections of patient characteristics and staff-time measurement for 2,000 patients each.
- Analysis of long term care systems in Illinois, Minnesota, Maryland, New York, and West Virginia, using the Texas data base.
- Simulation of various case-mix classification systems using AUTOGRP.
- Determination of the best classification method for Texas and the development of a payment system.
- Identification of problems and options for their solutions in implementing a case-mix payment system.

During the first year the State staff met extensively with the other States working on case mix. They conducted a conference of researchers and State representatives interested in case mix to review patient-assessment instruments, determine the most appropriate patient descriptors, and discuss issues involved in developing payment systems. A comparative chart of the six States' assessment instruments was developed and 100 descriptors and scales were studied. A report of the conference was prepared. In the second year, the State developed a client assessment and research evaluation tool and a staff-time measurement process. The first data collection was completed in March 1986. A patient-specific data base was created of descriptors and direct staff-time utilization for 1,997 patients. The interrater reliability between the facility primary nurse assessor and the outside nurse auditor was 95.6 percent overall (the activities-of-daily living scales agreement was 86.3 percent, and the psychosocial and behavioral descriptors agreement was 92 percent). The State has done a comparison of direct staff time to resource utilization groups (RUG's)II categories and found that the relative index scores match the New York index well, both in proportion of patients in each group and relative staff time. Other analyses of case-mix classification systems found the following variance reductions for direct care staff time: Texas level of care 18.3 percent; Maryland 33.3 percent; Katz activities of daily living scale 35.3 percent; RUG's activities of daily living scale 36.7 percent, Minnesota case-mix system 36.9 percent; New York RUG's II 41.9 percent; and Texas index of level of effort 44.6 percent. The second data collection was completed in the summer of 1987 and is currently being analyzed. The State has developed the payment methodology to accompany the classification system, and it has been accepted by the industry and the Commissioner. A draft of the final report is due to the Health Care Financing Administration by December 1988.

### Texas Nursing Home Case-Mix Demonstration

Period: September 1987-September 1990
Total Funding: $ 371,873
Awardee: State of Texas Department of Human Services
P.O. Box 2960 (MC-234-E)
Austin, TX 78769
Investigator: Pam Coleman

The Texas Department of Human Services will conduct a 3-year demonstration to implement and evaluate a prospective case-mix payment system. The payment system is based on a HCFA-sponsored feasibility study. The major Medicaid objectives of the project are: to match payment rates to resident need; to promote the admission of heavy-care patients to nursing homes; to provide incentives to improve quality of care; to improve management practices; and to demonstrate administrative feasibility of the new system. The objective for Medicare is the development and pilot testing of the administrative processes for implementing a Medicare prospective payment system based on a resource utilization group (RUG) system in coordination with Medicaid case-mix systems.

The State will use a quasi-experimental design for the Medicare pilot test to compare the effect of introducing case-mix payment in an experimental catchment area versus continuing the cost-based system in a control catchment area. The State will use a pre-post design for the Medicaid system. The case-mix methodology is based on a review of six different methods in which the New York RUG's II system explained the greatest variance of resource use. The proposed case-mix index has major elements of the RUG's II system and some of the system used in Minnesota. The Texas Index of Level of Effort (TILE) uses four clinical groups to form clusters and develops sub-groups using an activities of daily living (ADL) scale. The index that will be used for the classification of Medicare patients is the RUG-T18 developed by Brant Fries and Don Schneider. RUG-T18 uses the same clinical groups and ADL scale that are used in the New York RUGs-II system. The difference occurs in the expanded rehabilitation groups for Medicare patients. Two third-party evaluations will be used, one of data reliability and a second of the validity of their data analyses methods.

During the first year, the TILE and RUG-T18 indexes have been reviewed for compatibility. The RUG-T18 classification was reviewed and operationalized to match the Health Care Financing Administration Medicare coverage guidelines published in 1987. Cost analysis of both national and State samples of Medicare providers were performed to arrive at baseline costs for calculating the rates for the RUG-T18 groups.

The Texas client assessment, review, and evaluation instrument has been reviewed and revised. It was pilot tested in the Austin area and achieved a high reliability score on case-mix variables. This instrument contains all the rate setting variables for both Medicare and Medicaid. The demonstrationn is scheduled to become operational in April 1989.

### Case-Managed Medical Care for Nursing Home Patients

Period: July 1983-July 1989
Grantee: Massachusetts Department of Public
Welfare
180 Tremont Street
Boston, MA 02111
Investigator: Lois Simon

The Health Care Financing Administration (HCFA) granted Medicare and Medicaid waivers to the Massachusetts Department of Public Welfare to permit fee-for-service reimbursement for the provision of medical services by physician-supervised nurse practitioners/physician assistants (NP/PA) for residents of nursing homes. This permits increased medical monitoring that is expected to generate cost savings as a result of fewer hospital admissions and outpatient visits. Providers are responsible for managing and monitoring the health care and medical condition of all enrollees to assure that the primary care needs of nursing home patients are met in a timely fashion, often without resorting to the hospital emergency room. Initial physical exams, medical evaluation, and re-evaluations are being performed by the NP/PA in the nursing home. The NP/PA operates under written protocols that describe the common medical problems to be encountered and appropriate evaluation and treatment procedures. The supervising physician reviews and countersigns the NP/PA's evaluation and prescriptions. The physician is also consulted in any unusual situation or emergency.

The Rand Corporation, as part of the Research Center Cooperative Agreement with HCFA, is evaluating this project, focusing on the project's impact on the use and cost of nursing home and hospital services. This evaluation relies primarily on Medicare and Medicaid claims data. The Pew Foundation has awarded a grant to the University of Minnesota to assess the project's impact on quality of care. Section 9413 of Public Law 99-509, the Omnibus Budget Reconciliation Act of 1986, mandated the continuation of this project through July 1989.

### On Lok's Risk-Based Community Care Organization for Dependent Adults

Period: November 1983-Indefinitely
Grantees: On Lok Senior Health Services
1441 Powell Street
San Francisco, CA 94133

California Department of Health Services
714-744 P Street
Sacramento, CA 95814
Investigator: Marie Louise Ansak

In response to the congressional mandate of section 603(c)(1) and (2) of Public Law 98-21, the Social Security Amendments of 1983, the Health Care Financing Administration granted Medicare waivers to the On Lok Senior Health Services and Medicaid waivers to the California Department of Health Services. Together these waivers permit On Lok to implement an at-risk, capitated payment demonstration in which more than 300 frail elderly persons, certified by the Department of Health Services for institutionalization in a skilled nursing facility, are provided a comprehensive array of health and health-related services in the community. The current demonstration maintains On Lok's comprehensive community-based program but has modified its financial base and reimbursement mechanism. All services are paid for by a predetermined capitated rate from both Medicare and Medicaid (Medi-Cal). The Medicare rate is based on the average per capita cost for the San Francisco County Medicare population. The Medi-Cal rate is based on the State's computation of current costs for similar Medi-Cal recipients using the formula for prepaid health plans. Individual participants may be required to make copayments, spend-down income, or divest assets, based on their financial status and eligibility for either or both of the programs. On Lok has accepted total risk beyond the capitated rates of both Medicare and Medi-Cal with the exception of the Medicare payment for end stage renal disease. The demonstration provides service funding only under the waivers. The research and development activities are funded through private foundations.

Section 9220 of the Consolidated Omnibus Budget Reconciliation Act of 1985 has extended On Lok's Risk-Based Community Care Organization for Dependent Adults indefinitely, subject to the terms and conditions in effect as of July 1, 1985, except that requirements relating to data collection and evaluation do not apply.

## Community Care for Alzheimer's and Related Diseases

Period: June 1987-June 1988
Total Funding: $ 127,970
Awardee: The Urban Institute
2100 M Street, NW
Washington, D.C. 20037
Investigator: Korbin Liu, Sc.D.

The awardee will analyze data from the National Long Term Care Channeling Project (1982-84) to determine the range of services, sources, and costs of care used by community residents with cognitive impairment and to determine the risks of their entering nursing homes, as a function of physical and mental health status, and the types and amounts of care received in the community. The study is expected to provide baseline information for the Alzheimer's Disease demonstration project that is congressionally mandated in section 9342 of the Omnibus Budget Reconciliation Act of 1986.

Analyses of several cost centers for community care and risks of nursing home admissions currently are being carried out. In addition, the Health Care Financing Administration has approved an additional task that permits an assessment of the feasibility of using a longitudinal data base from the Triage/Connecticut Community Care, Inc. This data base contains details on patient assessment and management systems that may provide additional information on the costs of persons with Alzheimer's Disease and related disorders.

## The Use of Medicaid Reimbursement Data in the Nursing Home Quality Assurance Process

Period: June 1988 - June 1989
Total Funding: $132,930.00
Awardee: Center for Health Systems Research and Analysis
University of Wisconsin-Madison
Room 300 Infirmary, 1300 University Avenue
Madison, WI 53706
Investigator: David Zimmerman, Ph.D.

The purpose of this project is to assess the feasibility of using Medicaid reimbursement data to target facilities and residents in the nursing home quality assurance survey process. Medicaid reimbursement data appear to hold considerable promise in helping target facilities for more intensive review, identifying specific care areas where deficient care may be present, and identifying individual residents for more detailed review. Information on medication use, sentinal health events, and other indicators can be provided to surveyors in preparation for the field survey. The information can also be used to determine whether problems have recurred after the survey and follow-up visits.

The objectives of the project are: (1) to convert reimbursement data into specific Quality of Care Indicators (QCIs), particularly with respect to drug related measures and medical outcomes; (2) to identify the conditions, standards, and elements in the Federal regulations for which the use of QCIs has the greatest potential benefit; (3) to develop and demonstrate in one State (Wisconsin) the procedures for providing QCIs to survey staffs; (4) to assess the potential for implementing the system in other States; (5) to determine the implications of the proposed Health Care Financing Administration nursing home regulations and the 1987 Omnibus Budget Reconciliation Act provisions for the use of reimbursement data in the quality assurance process; and (6) to design an expanded demonstration of the use of QCIs in the survey process.

Fifteen preliminary QCIs have been developed and are currently being reviewed by project staff and the advisory panel. The QCIs have been linked to specific conditions, standards, and elements within the existing Federal regulations, and proposed new regulations are being reviewed to determine their relationship with the QCIs. Deficiencies and QCIs in Wisconsin for the period August 1987-1988 are being analyzed to determine the baseline relationship between the two measures. Preliminary discussions with survey staff have been held to develop the system for conveying QCI information to the surveyors in a systematic way. Finally, a survey of State Medicaid reimbursement and quality assurance officials is being designed to identify which States may hold the greatest potential for the use of Medicaid data in the survey process.

### The Development of Long Term Care Reform Strategy for New York's Office of Mental Retardation and Developmental Disabilities

Period: June 1988-June 1990
TotalFunding: $115,581
Awardee: New York State Department of Social Services
Division of Medical Assistance
40 North Pearl Street
Albany, NY 12243
Investigator: Howard Gold

The New York Office of Mental Retardation and Developmental Disabilities will conduct a 2-year project to develop a comprehensive plan and waiver application that would reform the financing, regulation, and service delivery of the Mental Retardation (MR)/Developmental Disabilities system in three districts that cover eight New York counties. The State sees the demonstration as the first step toward statewide implementation. The objectives are to: 1) develop a financing system that will improve services to this population by expanding the number and types of people to be served and the types of services to be provided; 2) change the manner in which quality of care is assured; and 3) constrain growth in Federal expenditures for these services. Waivers would alter the Medicaid basis of payment, revise the State Medicaid plan requirements, change how Medicaid funds can be used, and implement revised quality assurance regulations. The demonstration will test an alternative financing approach that approximates recently formulated departmental policy directions as developed by the Department of Health and Human Services Working Groups on Intermediate Care Facilities/MR. The project would represent a major test of reform in the delivery of services for persons who are developmentally disabled.

The State has initiated first year activities. Key staff has been hired, an advisory committee is being selected, and the development of issue papers is underway.

## FUTURE DIRECTIONS FOR LONG TERM CARE DEMONSTRATIONS

During 1988, HCFA devoted substantial staff resources on the further development of demonstrations to test the cost-effectiveness of prospective payment systems for nursing homes and the development of quality measures to improve the quality of care in nursing homes and home health agencies.

We will continue to test alternative financing schemes for long term care services, including patient-related or case-mix based prospective payment and competitive bidding systems for skilled nursing facility and intermediate care facility levels of care. Implementation of a demonstration of prospective payment methods for Medicare home health services, and further development of a demonstration testing capitated reimbursement for Community Nursing Organizations, will take place in 1989. We also intend to test the effectiveness of innovative State, local, and private programs to promote home care by the family or by other community support arrangements, such as in-home or other support services (adult day care, adult foster care, or shared housing), which substitute for or deter the use of institutional care for persons in need of long term care services. These efforts will include implementation of a large-scale demonstration directed at victims of Alzheimer's Disease and related disorders. At the same time, we will continue to develop and test new approaches to more accurately "target" home health and community-based care in order to identify groups for whom reconfiguration of current service models can be cost-effective.

We also will develop and test outcomes of quality for nursing home and home health services and the applicability of using payment generated data to monitor quality. In this light, we plan to conduct a multi-State demonstration integrating patient assessment for a case-mix prospective payment system for nursing homes with the quality assurance process for these providers.

## RESEARCH ACTIVITIES

**Long term care research activities in the Office of Research and Demonstrations (ORD) can be classified according to six objectives: promoting alternatives to institutional long term care; assessing and evaluating long term care programs in terms of costs and quality; examining the effect of the hospital prospective payment system (PPS) on long term care providers; examining alternative payment systems for long term care; evaluating the effects of passage of the Medicare Catastrophic Coverage Act of 1988, and supporting data development and analyses.**

Prior research in long term care has highlighted the fact that disabled individuals prefer to remain in the community as long as possible and that they are able to do this, in large part, due to the care provided by informal caregivers, usually family. For a number of years, ORD has been funding research that has been examining the amount and types of services provided by family members. This research is continuing and includes examination of contributions from both public programs and private individuals (e.g., family members) for the support of the disabled in the community. Information is being sought about the resources needed to support the informal caregiver network in its efforts to avoid unnecessary institutionalization of relatives.

Because of the interest in promoting noninstitutional care, and the recent increase in the utilization of these services (namely home health care), ORD's research is also examining the quality and effectiveness of the services provided in the home setting. These efforts include comparison of the quality, case mix, and cost of noninstitutional as compared to institutional services, as well as the examination of home care provided under different payment arrangements, i.e., fee-for-service versus capitation. As part of these efforts, groupings of patients are being developed that have similar expected outcomes. Such groupings are essential since home health care serves so many different types of patients, some of whom may fully recover and some who, even under the best of circumstances, are still expected to continue to decline.

Another very important area that is being explored is alternative financing mechanisms for long term care. Although the majority of the elderly are covered by both Medicare and supplemental insurance, a large portion of long term care services remain uncovered. Medicaid covers long term nursing care, but often only after the elderly individuals have depleted all of their resources. Research is continuing that will identify the sources of financing for long term care at various points throughout institutionalization. This research will further examine characteristics of individuals who come to rely upon Medicaid for payment for their care. By identifying the risks associated with incurring catastrophic long term care costs associated with nursing home use, we hope to be able to propose improved methods of paying for this care. One alternative being studied as a solution for some of the elderly's problems in financing long term care is life care centers. Other ORD financing research continues to examine various States' reimbursement of long term care in order to assess the feasibility of recommending policy changes, e.g., prospective payment for skilled nursing facility care.

A major responsibility of ORD is assessing the effects of various Medicare and Medicaid long term care policies. Among the areas where results are available are the hospice, the swing bed, and the home and community-based waiver programs.

Since the implementation of PPS for paying hospitals, ORD has been assessing the effects of this change on other parts of the health care system. Included in this research is the examination of the effects of PPS on long term care case mix, utilization, costs, and quality. Changes in the supply of long term care providers are also being studied. Major research projects are underway to analyze the appropriateness of post-hospital care, and the course and outcomes of that care. In recent years, there has been increased emphasis on examining episodes of care rather than utilization of just one type of service. Medicare files, which link hospital with post-hospital care, continue to be analyzed to provide information on trends in the utilization of post-hospital care since the passage of the PPS legislation.

In July 1988 new legislation, which had major effects on both Medicare and Medicaid, was passed. This legislation, the Medicare Catastrophic Coverage Act of 1988, contained a number of coverage changes, which ORD will be responsible for evaluating. It also mandated research in certain areas, including the impact on Medicare beneficiaries and their family members of needing or providing long term care services, and the impact of the quality of long term care services on acute care hospitalization. ORD plans to support a number of projects in these areas and has already expanded some ongoing projects so that they provide relevant information. Interim reports to Congress on these topics are due in December 1990 and December 1992. A final report is due by June 1994.

Essential to the development of future long term care policies is the support for data collection and data analyses from projects that gather detailed information from representative national samples or other large segments or the elderly population. Research is continuing on the estimated future acute and long term care utilization based on information from available surveys on the morbidity, disability, and mortality of different birth cohorts. Data from the 1982 and 1984 Long Term Care Surveys are being analyzed and plans continue for the 1988 survey. Data on the Medicaid program continue to be available on a person-level basis for some States from the Tape-to-Tape Project.

Information on specific ORD research projects follows.

### Long Term Care of Aged Individuals With Hip Fractures: Public Versus Private Costs

Period: September 1983-September 1988
Funding: $ 711,793
Awardee: University of Maryland Medical School
655 West Baltimore Street
Baltimore, MD 21201
Investigator: Jay Magaziner, Ph.D.

This study is examining, in detail, the complex economic and psychosocial determinants of the public and private contribution to the long term care of a group of aged individuals who suddenly become disabled by hip fractures. The impact of family size and composition, social support, family economic resources, and the aged individual's physical and mental health will be analyzed in terms of the decision to enter a nursing home or return home.

Interviews (baseline and 2-, 6-, and 12-month followups) for patients from seven hospitals in the Baltimore, Maryland, area have been completed. The final report is expected by the end of 1988.

### Study of Home Health Care Quality and Cost Under Capitated and Fee-For-Service Payment Systems

Period: June 1987-December 1991
Funding: $1,683,773
Awardee: Center for Health Policy Research
1355 South Colorado Boulevard
Denver, CO 80222
Investigator: Peter Shaughnessy, Ph.D.

This 54-month project will compare the quality and cost of home health care provided under capitated and noncapitated payment systems for two groups of Medicare beneficiaries: clients admitted to home health care following a hospitalization, and those who have not been in a hospital for at least 30 days prior to the initiation of home care. Process and outcome quality measures are being developed and will be used with patient-level resource use measures to assess cost effectiveness of care in the two settings.

During the planning phase of this project, the design was finalized for this study. Instrument development was completed. A series of quality indicator groups were developed containing patients with similar expected outcomes. Pilot testing also took place during the first 15-month project period. Five study papers have been developed to date, entitled (1) "Study Design and Planning Phase Progress Report," (2) "Quality Assurance in Home Health Care," (3) "Quality Measurement and Patient Classification for Home Health Care," (4) "Medicare Home Health Care Reimbursement Issues," and (5) "Health Maintenance Organizations and Home Health Care Under Medicare." In the coming year, primary and secondary data gathering will begin.

## Evaluation of "Life-Continuum of Care" Residential Centers in the United States

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| Period: | January 1985-November 1988 |
| Funding: | $832,871 |
| Awardee: | Hebrew Rehabilitation Center for the Aged<br>1200 Centre Street<br>Boston, MA 02131 |
| Investigator: | Sylvia Sherwood, Ph.D. |

The objective of this 3-year project is to obtain information about the characteristics of continuum of care residential center (CCRC) facilities and their residents and compare them with elderly residents living in the community, with respect to quality of life and health, service costs, and utilization. Data will be gathered from 20 CCRCs in four areas: California, Arizona, Florida, and Pennsylvania. These sites will be stratified according to the type of contract offered (extended versus limited), the age of the facility, and the income level of those enrolled. Three types of CCRC residents will be selected from the sites for the study sample: new admissions (580), existing residents, both short and long stay residents (1,640), and residents who died just prior to or during the field data gathering period (660). Quality of life and service utilization data will be gathered at two points in time, at baseline and 12 months later. Three types of comparison samples will be employed: a representative sample of elderly in their own homes or independent apartments (2,422); a national sample of elderly living in congregate housing settings (2,350); and a representative sample of elderly who have died and for whom retrospective data are available for their last year of life (1,500).

Baseline interviews of CCRC residents and managers have been completed; post-test and death followup interviews of residents are almost complete. Fiscal and organizational data concerning CCRC facilities have been collected. Prices are being estimated for medical and long term care services.

## Responsibility of Children for Financing Institutional Care: Potential Response and Possible Adjustments

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| Period: | November 1983-June 1987 |
| Funding: | $80,000 |
| Awardee: | Hebrew Rehabilitation Center for the Aged<br>1200 Centre Street<br>Boston, MA 02131 |
| Investigator: | John Morris, Ph.D. |

The objective of this project was to determine the barriers to and potential for alternative payment schemes for long term care, particularly nursing home care, by the children of the elderly. The research:

- Provided an estimate of children's resources available to share in the costs of long term care.
- Assessed the attitudes of those children toward proposals for sharing in the costs of their parents' long term care and identified factors associated with those who have positive and negative feelings.
- Assessed the market for a new type of insurance for nursing home care and identified factors associated with those who are and are not interested in such insurance.

Interviews were conducted with about 2,200 elderly in Massachusetts and a sample of 350 of their adult children. The study found that more than 40 percent of the elderly expressed an interest in purchasing long term care insurance to cover services either in the home or in a high-quality institution. Of the elderly interested in long term care insurance, 78 percent indicated that they could afford to pay $25 a month for such coverage. There was considerable variation in those who were interested in such coverage. Those who were interested were not clearly differentiated from those who were not by such factors as marital status, age, number of children, and living arrangement, although economic factors were quite predictive of level of interest. In terms of the interest expressed by children of the elderly in the purchase of long term care insurance for their parents, the study found that there was considerable interest, with 52 percent willing to pay for such insurance were it to become available.

Study findings concerning the potential market for long term care insurance indicate that there were a number of differences between children who were interested and those who were not interested in purchasing nursing home insurance for their parent(s). Children who were not interested in buying such insurance are more likely to provide help with cooking and cleaning (73 percent versus 62 percent) and transportation (84 percent versus 68 percent), more likely to visit their parent(s), and less confident about whether they could provide more financial help if it were needed. Children who were interested in buying long term care insurance for their parent(s) were more likely to consider themselves the primary caretaker of their parent(s), more willing to have their parent(s) move in with them, less confident that family and friends could provide more help if needed, and more likely to indicate a willingness to pay for outside help for their parent(s) if necessary. The final report was received June 1987.

## Research on Competitive Forces Driving Medicare Utilization

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| Period: | September 1984-November 1988 |
| Funding: | $246,495 |
| Awardee: | SRI International<br>333 Ravenswood Avenue<br>Menlo Park, CA 94025 |
| Investigator: | Nelda McCall |

The major objective of this project is to analyze how various factors affect Medicare beneficiaries' utilization of and expenditures for services. These factors include: ownership of supplemental health insurance policies, beneficiaries' knowledge of the Medicare program and of the supplemental policies they own, and the extent to which beneficiaries are treated on assignment by physicians. Data sources include: a detailed 1982 survey of a random sample of Medicare beneficiaries in six States (California, Florida, Mississippi, New Jersey, Washington, and Wisconsin), copies of the insurance policies owned by beneficiaries in this sample, and complete Medicare utilization records for this sample from 1980 to 1982.

Since the receipt of the Medicare Automated Data Retrieval System files in June 1986, the project has:

- o Addressed methodological issues concerning the primary care physician, billed charges, and the econometric model.
- o Begun collecting data on physician characteristics.
- o Created data files for analysis and begun analyses.

The final report is expected by the end of 1988.

## Financial Impact to Beneficiaries of Nursing Home Care

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| Period: | August 1988-January 1990 |
| Total Funding: | $129,888 |
| Contractor: | Brandeis University Research Center<br>(The Urban Institute - Subcontractor)<br>415 South Street<br>Waltham, MA 02254 |
| Investigator: | Korban Liu, Sc.D |

This project will address the following issues: (1) What are the risks of incurring catastrophic long term care costs associated with nursing home use? How do these risks vary by costs associated with nursing home use? How do these risks vary by State? (2) How long do people stay in nursing homes before Medicaid spend-down provisions apply? (3) What proportions of total costs of an admission cohort are financed by individuals and by Medicaid?

The Urban Institute TRIM-2 Model for State estimates and the Connecticut Nursing Home Inventory for estimation of nursing home use and payment will be used. The TRIM-2 Model is a microsimulation model, based on the 1984 current population survey, used for forecasting. The Connecticut Inventory is a data base containing patient-specific information on all nursing home patients (private/public) from 1977 to the present. Admission cohorts of nursing home patients will be created with life-table methodologies.

The 1985 National Nursing Home Survey (current resident, discharge, facility and next-of-kin files) will be used to analyze several dimensions of nursing home use (e.g., relationship between characteristics of patients at admission, such as payment source and their subsequent length of stay). Emphasis would be placed on examining nursing home length of stay distribution. To the extent permitted by the data, estimates will also be done of spend-down in nursing homes. Results are expected in mid-1990.

## Analysis of Long Term Care Payment Systems

Period: April 1983-December 1988
Funding: $1,394,293
Awardee: Center for Health Services Research
University of Colorado
1355 South Colorado Boulevard,
Suite 706
Denver, CO 80222
Investigator: Robert Schlenker, Ph.D.

This project is a comparative analysis of long term care reimbursement systems in seven States (Colorado, Florida, Maryland, Ohio, Texas, Utah, and West Virginia). The study will combine an empirical analysis of nursing home costs and payments and the determinants of costs with a detailed qualitative analysis of the operations of the reimbursement systems. The comparative analysis across States will be performed through a unique "comparison-by-substitution" method that calculates reimbursement for nursing homes in one State under the assumption that the other States' reimbursement systems are in effect. Data sources for this study include primary facility information and patient samples, as well as secondary sources such as cost reports.

Major project activities include:

- Collection of updated information on the study States' nursing home reimbursement methodologies or capital payment methodologies and of socioeconomic information about the communities in which the study facilities are located.
- Collection of Medicaid cost report and payment rate information for facilities.
- Completion of data collection and data entry for the basic sample of 144 facilities in six States and for the augmented samples (hospital-based, high Medicare, and case-mix change).
- Analyses of case-mix differences across States, types of reimbursement systems (class rate, facility specific, and case mix), and facilities (profit, nonprofit, urban, and rural) using data from the basic sample.
- Further development of and testing of the comparison-by-substitution model. It has been refined to analyze more directly the resources used (in terms of registered nurse, licensed practical nurse, and aide staff hours) under different case-mix systems. Procedures have been developed to adjust for input price differences among facilities, both within and across States.

The following reports have been prepared:

- "Case-Mix Measures and Medicaid Nursing Home Payment-Rate Determination in West Virginia, Ohio, and Maryland."
- "Overview of Medicaid Nursing Home Reimbursement Systems."
- "Case-Mix and Capital Innovations in Nursing Home Reimbursement."
- "An Analysis of Long-Term Care Payment Systems: Research Design."
- "Medicaid and Non-Medicaid Case-Mix Differences in Colorado Nursing Homes."
- "Case-Mix Reimbursement for Nursing Home Services: A Three-State Simulation Model."
- "Case Mix in Connecticut Nursing Homes: Medicaid Versus Non-Medicaid, Profit Versus Non-Profit, and Urban Versus Rural Patient Groups."
- "A Methodology to Examine Nursing Home Profits."
- "Case-Mix Reimbursement for Colorado Nursing Homes."

A final report is expected late 1988.

## Longitudinal Study of the Impact of Prospective Reimbursement Under Medicaid on Nursing Home Care in Maine

Period: June 1983 June 1987
Funding: $541,578
Awardee: University of Southern Maine
Human Services Development Institute
246 Deering Avenue
Portland, ME 04102
Investigator: Andrew Coburn, Ph.D.

This project studied the nursing home prospective reimbursement system recently implemented in Maine. The study provided a longitudinal evaluation of the design and implementation of the system for intermediate care facilities in the State and of the system's effectiveness in achieving the policy goals of containing costs, maintaining or improving quality, and ensuring access to nursing home care by Medicaid recipients. The study consists of three major components:

(1) An impact analysis of the effects of prospective reimbursement on costs, quality, and access.

(2) A case study of the politics of the implementation of prospective reimbursement.

(3) An analysis of organizational and management responses of nursing home administrators to the changes resulting from prospective reimbursement.

The hypotheses of the study are closely tied to the objectives of recently passed reimbursement legislation that includes incentives for maintaining and increasing a Medicaid patient load. The awardee tried to measure immediate versus long term effects of the new system on costs to the State.

The final report was received in early 1988. Significant study findings include:

Cost

- A reduction in total variable costs per patient day of $3.03 by the third year, controlling for other factors (e.g., case-mix, quality, and facility characteristics).
- Cost efficiencies appear to be achieved in reducing room and board costs more so than patient care costs despite the lack of policy restrictions on where efficiencies can be achieved.
- A declining interest or ability for homes to operate within their prospectively determined rates is observed by the third prospective payment year.
- There appears to be no significant impact on nursing home profitability as captured by operating margin - the ratio of net operating income to total operating revenue.
- Key determinants of nursing home costs include: profit/nonprofit status, bed size, occupancy rate, Medicaid share of patient days and nursing home bed supply.

Access and Quality

- Access to care for Medicaid recipients as captured by the rates of Medicaid days to total patient days declined by 5.5 percent by the third payment year.
- No significant impact on case mix of nursing home residents was observed as measured by this study's primary case mix variables.
- Key determinants of increased access and more difficult case mix include: nonprofit status, smaller facilities, hospitals' affiliation, and facilities in areas with higher bed supplies per population 65 years and older.
- No significant impact was observed on structural and outcome quality of care measures developed for this study.
- The process measure of quality of care, nursing hours per patient day, was reduced by almost 15 minutes per patient day by the third prospective year. System incentives to increase occupancy without increasing nursing inputs on care appears to be the significant contributor to this finding.

### Can Geriatric Nurse Practitioners Improve Nursing Home Care?

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| Period: | September 1983-December 1988 |
| Funding: | $673,759 |
| Awardee: | The Rand Corporation<br>1700 Main Street<br>Santa Monica, CA 90406 |
| Investigator: | Joan Buchanan, Ph.D. |

The purpose of the study is to evaluate the potential of the use of geriatric nurse practitioners for improving outcomes of care and containing costs in skilled nursing facilities. The 30 nursing homes that participated in the Mountain States Health Corporations geriatric nurse practitioner demonstration project will be compared with 30 nursing homes in the region that did not participate. Comparisons will be made of:

- Patient outcomes.
- Process of care.
- Nursing home costs.
- History of certification deficiencies.

Homes will be matched by State, ownership, bed size, and urban, suburban, or rural location.

Analyses are being completed of:

- Case-study interviews with nursing home administrators, directors of nursing, and geriatric nurse practitioners.
- Prospective patient functional assessment and outcome data.
- Family satisfaction interviews.
- Retrospective medical record reviews.
- Nursing home inspection and citation data.

Medicaid and Medicare cost reports are also being collected and analyzed. The final report is expected in late 1988.

### Title XVIII Hospice Benefit Program Evaluation (Medicare)

Period: April 1985-March 1988
Funding: $1,295,156
Contractor: Abt Associates, Inc.
55 Wheeler Street
Cambridge, MA 02138
Investigator: David Kidder, Ph.D.

This project addresses many of the hospice questions raised by the Tax Equity and Fiscal Responsibility Act of 1982 (Public Law 97-248) and Deficit Reduction Act of 1984 (Public Law 98-369). The objectives of this evaluation are to determine "whether or not the reimbursement method and benefit structure . . . for hospice care under Title XVIII . . . are fair and equitable and promote the most efficient provision of hospice care . . . and make recommendations for legislative changes in the hospice care reimbursement or benefit structure." Specific information will be provided on the current prospective payment system for hospice. The evaluation will address congressional and departmental needs for information on the hospice benefit for making decisions regarding the possible modification of the benefit and the reimbursement mechanisms of the ongoing program operation.

Analytic work is underway utilizing available Health Care Financing Administration 1984, 1985, and 1986 administrative data on hospice patients and a comparison group of Medicare cancer patients who died in 1984, 1985, and 1986. Medicare certified hospice cost report data will be analyzed and compared with cost report data from a sample of noncertified hospices. A final report will be prepared by December 1988. An interim report is available -- HCFA Pub. No. 03248 (September 1987), entitled "Medicare Hospice Benefit Program Evaluation."

### Noncertified Hospice Cost Analysis

Period: June 1985-March 1988
Funding: $1,656,879
Contractor: Jack Martin and Co.
30150 Telegraph Road, Suite 155
Birmingham, MI 48010
Investigator: Bettye Arrington, Ph.D.

This study is designed to collect fiscal years 1985 and 1986 cost data from a stratified random sample of 96 hospices that are not participating in the Medicare hospice benefit to serve as a control group for the evaluation of the Medicare hospice benefit legislation.

A final report is expected in December 1988.

### Population-Based Study of Hospice

Period: September 1984-June 1988
Funding: $741,165
Awardee: Fred Hutchinson Cancer Research Center
1124 Columbia Street
Seattle, WA 98104
Investigator: Lincoln Polissar, Ph.D.

This is a study of utilization among hospice and nonhospice terminal cancer patients; the effect of hospital prospective reimbursement on hospice case load and length of stay; and hospice penetration of the market. Seven data sets will be linked in order to provide both economy and power. The area under study is 13 counties in western Washington.

A final report is expected by December 1988.

## Evaluation of National Rural Swing-Bed Program

Period: September 1983-November 1987
Funding: $1,181,478
Contractor: Center for Health Services Research
University of Colorado Health
Sciences Center
1355 South Colorado Boulevard
Denver, CO. 80222
Investigator: Peter Shaughnessy, Ph.D.

This project is congressionally-mandated by the Omnibus Reconciliation Act of 1980 (Public Law 96-499). The legislation permits hospitals with fewer than 50 beds that are located in rural areas with a shortage of long term care beds to "swing" their beds between acute and long term care as needed. The evaluation assessed the impact on:

--Access to long term care beds in rural areas.
--Quality of long term care in hospitals.
--Cost of service in swing-bed hospitals.
--Program-wide costs.
--Administrative costs to administer and monitor the program.

The Medicare prospective payment system for hospitals was instituted for hospital fiscal years beginning on or after October 1, 1983. It is perceived that PPS has had an effect on hospital lengths of stay and on the condition of patients at the time of discharge. This could have a significant impact on the use of swing beds. The scope of work for this contract was expanded in 1985 to assess the impact of PPS on the swing-bed program.

The Report to Congress was delivered in February 1988. The Health Care Financing Administration recommended the continuation of the rural swing-bed program and retention of the current method of paying for long term care services in the swing-bed. It was suggested that consideration be given to extending the swing-bed option to larger rural hospitals. The report recommended against the extension of the swing-bed option to urban hospitals at this time. The Congress extended the swing-bed option to rural hospitals with fewer than 100 beds.

The findings concerning the impact of PPS on the swing-bed program have been delivered and are in the process of being incorporated into the Report to Congress on the impact of PPS on the Medicare program.

The evaluation contract was modified during the past year to develop another mandated congressional report on the extent, reasons, and impact of Peer Review Organization denials of admissions to swing-bed hospitals for extended care services. Recommendations for methods of encouraging eligible hospitals to elect the swing-bed option were to be included in the Report. Delivery of the Report is scheduled for early 1989.

## Medicaid Program Evaluation - Cluster I

Period: September 1983-December 1988
Funding: $1,472,749
Awardee: La Jolla Management Corporation
11426 Rockville Pike
Rockville, MD 20852
Investigator: Robert Clinkscale, Ph.D.

This project addresses two tasks as part of the Medicaid Program Evaluation. The first deals with the home and community-based waiver program. Under section 2176 of the Omnibus Budget Reconciliation Act of 1981, States under a waiver may institute a variety of home and community-based services to individuals who, but for the waiver, would be in long term care institutions. The following questions were addressed: Has the program reduced institutionalization? Has the program reduced costs? Has cost shifting occurred from other programs, specifically title XX of the Social Security Act and title III of the Older Americans Act? Can we identify the elements of a successful program? The second task deals with financial incentives for family care. Several States provide financial support through direct payments or tax incentives to family members to encourage their assistance to their elderly relatives. The major questions were: What programs are in operation? What have been their costs and savings? Who are the beneficiaries of such programs and what are their characteristics? What are the characteristics of functionally limited persons living in the community that permit them to avoid institutionalization? What are the characteristics of successful programs?

A Report to Congress, "Studies Evaluating Medicaid Home and Community-Based Care Waivers," was submitted to Congress in September 1985. A final report was submitted in 1988.

### Analysis of State Systems for Providing ICF/MR and Other Care for the Mentally Retarded

Period: June 1987-March 1989
Funding: $88,268
Awardee: Center for Residential and Community Services
University of Minnesota
6 Pattee Hall
150 Pillsbury Drive, SE.,
Minneapolis, MN 55455
Investigator: Charles Lakin, Ph.D.

This project will update information on the status and changes in residential services for the mentally retarded gathered by this awardee for 1977 and 1982 in a previous Health Care Financing Administration-funded grant. Data on the current status of the intermediate care facility for the mentally retarded program, which was obtained through the Inventory of Long-Term Care Places, the sampling frame for the Institutional Component of the National Medical Expenditures Survey, will be analyzed and supplemented by case studies of selected States' programs for serving the mentally retarded.

Currently, this project is analyzing data from the tape of the Inventory of Long-Term Care Places and is conducting indepth State studies. Preliminary results from this project will be available in late 1988. A final report is due early in 1989.

### Impact of the Prospective Payment System on the Quality of Long Term Care in Nursing Homes and Home Health Agencies

Period: August 1986-August 1989
Funding: $608,553
Awardee: University of Colorado
1355 South Colorado Boulevard, Suite 706
Denver, CO 80222
Investigator: Peter Shaughnessy, Ph.D.

This study examines patient-level process indicators of quality of care provided to skilled nursing facility (SNF) and home health patients before and after implementation of the Medicare inpatient hospital prospective payment system (PPS). It also assesses pre- and post-PPS differences in patient care practices and outcomes as reported by physicians and nurses and the number and types of acute care beds recently converted to SNF beds (transition beds). Due to a recent supplement, this project will also conduct research mandated by the Medicare Catastrophic Coverage Act of 1988 relating to the quality of long term care services (in community-based and custodial settings) and effects of the provision of long term care services on reduction of expenditures for acute health care services.

Initial findings from this project were incorporated into a July 1987 report, entitled "Case Mix and Quality of Care in Nursing Homes and Home Health Agencies." Analyses of the pre- and post-PPS time periods indicated that the level of quality of care provided prior to the implementation of PPS has generally been maintained. More detailed analyses have been undertaken relating to this issue, along with analyses of the transition bed data. A report on these two topics is due early in 1989.

### Changes in Post-Hospital Services Use by Medicare Beneficiaries

Period: August 1986-October 1988
Funding: $301,500
Contractor: Abt Associates, Inc.
55 Wheeler Street
Cambridge, MA 02138
Investigator: Gary Gaumer, Ph.D.

This project is congressionally-mandated by the 1983 Amendments (Public Law 98-21) to the Social Security Act. The objective of this study is to determine the extent to which use of Medicare covered services (post-inpatient discharge) has changed as a result of the impact of the prospective payment system (PPS). This study will test whether or not the shortened lengths of stay under PPS have resulted in increased utilization of Medicare-covered skilled nursing facilities (SNFs), home health services, and physician services. The analysis will be based on a random sample of hospitalized patients for the years 1980-86 and will be targeted on patients at high risk of having post-hospital subacute care needs. Linked Medicare claims files will be used to track changes in post-hospital use over this time.

For the period 1981-1986, Medicare beneficiaries' use of post-hospital services in the 30-day period following hospital discharge has increased, as measured by home health services admissions and visits, SNF admissions, use of durable medical equipment and use of ambulatory medical care services. Days of SNF care, on the other hand, have fallen. Prior to the implementation of PPS there was greater utilization of post-hospital services by urban rather than rural beneficiaries. Current analyses of the data indicate that beneficiaries in rural areas have increased their use of post-hospital services faster than urban areas, causing a general convergence of urban/rural utilization rates. This is particularly true for the use of SNFs.

There is evidence that increases in post-hospital care service use and costs are related to measurable increases in severity and functional disability of Medicare patients at the point of hospital discharge. Statistical results suggest that the introduction of PPS has been associated with the trends toward higher post-hospital service utilization. The evidence is consistent with the view that the increases in use are the result of more intensive, earlier utilization of these services following discharge in the post-PPS period.

Impact of the Medicare Prospective Payment System on Post-Hospital Care

Period: January 1986-December 1987
Funding: $250,000
Awardee: Rand Corporation
1700 Main Street
Santa Monica, CA
Investigator: Richard Neu, Ph.D.

As part of the Rand Health Care Financing Policy Research Center, a pre- and post-PPS study of post-hospital care services was conducted. Rand developed a Medicare data base linking hospital, skilled nursing and home health care episodes during 1981 and 1984-1985. The same overall trends found in the Abt study were replicated in the Rand study: propensities to use SNF and home health agency care rose; SNF stays were shorter; and the average number of home health visits increased. These overall trends held with very few exceptions for the diagnostic related groups that account for the bulk of Medicare post-hospital care. The study found very wide variation from one State to another in the fraction of Medicare patients who use post-hospital care, how much of this care they use, and how much it costs. This variation did not diminish from the pre-to the post-PPS period. Neither was this variation a reflection of differences in the underlying Medicare populations from one State to another. Correction for age, sex, and case mix differences across States did little to reduce this variation. Variations in the utilization and the costs of post-hospital care appear to reflect real differences in how Medicare patients are treated. More detailed information is available in their final report, Post-Hospital Care Before and After the Medicare Prospective Payment System.

Prospective Payment System and Post-Hospital Care: Use, Cost, and Market Changes

Period: September 1985-March 1989
Funding: $ 706,118
Awardee: Georgetown University
Center for Health Policy Studies
2233 Wisconsin Avenue, N.W.
Washington, DC 20007
Investigators: Judith Feder, Ph.D., and William Scanlan, Ph.D.

The purpose of the project is to determine how much the hospital prospective payment system (PPS) shifts care from the hospital to skilled nursing facilities (SNFs) and home health providers and to analyze the impact of this shift on total costs to Medicare and on changes in SNF characteristics that are likely to cause an increase in use by Medicare beneficiaries in the future. Medicare claims will be analyzed to determine how PPS has affected total service use (hospital, SNF, and home health) and costs for hospital patients. In addition, SNFs will be surveyed to identify changes in nursing home patients, services, and market structure likely to affect Medicare use. The survey will be supplemented with data from the Medicare/Medicaid Automated Certification System (MMACS), SNF cost reports, and other sources.

Major project activities include: completion of nursing home survey, analysis of survey and MMACS data, initiation of claims analysis, completion of 1982 and 1985 Medicare claims processing for pre- post-PPS analysis and completion of a 3-stage sampling process of study hospitals.

Results indicate that changes between 1982 and 1985 include:

- A small increase in the proportion of discharged patients with short stays;
- An increase in the proportion of homes offering intensive nursing or rehabilitation services;
- An increase in the number of patients requiring intensive nursing or rehabilitation services;
- An increase in staff and physician time in nursing homes;
  A decline in Medicare's share of nursing home financing;
  More restrictive application of coverage rules by Medicare intermediaries; and
- An increase in the proportion of Medicare claims denied by intermediaries.

### Trends in Patterns of Post-Hospital Service Use and Their Impact on Outcomes

| | |
|---|---|
| Period: | June 1987-May 1990 |
| Funding: | $293,922 |
| Awardee: | Duke University<br>Demographic Studies<br>2117 Campus Drive<br>Durham, NC 27706 |
| Investigator: | Kenneth Martin, Ph.D. |

This project will examine the pattern of care delivered after hospitalization for different types of hospitalized patients, as distinguished by diagnosis, age, sex, and other data elements contained on the Medicare Part A bill. Post-hospital use patterns will be examined in terms of types and duration of Medicare services received and the proportion of patients receiving care. Similar patterns will be examined for nonhospitalized Medicare beneficiaries.

The project has focused on expanding and cleaning data files used in previous analyses.

### Analysis of Hospital Aftercare Under Prospective Payment

| | |
|---|---|
| Period: | April 1986-September 1988 |
| Funding: | $ 1,436,268 |
| Contractor: | System Sciences, Inc.<br>4330 East-West Highway<br>Bethesda, MD 20814 |
| Investigator: | Cyrus Baghelai |

The purpose of this pilot study is to develop and field test methods for determining the appropriateness of post-discharge aftercare services. Study methods will involve classifying patients at the time of their discharge from the hospital according to their post-discharge service needs and applying professionally developed guidelines to project aftercare needs. Projected need will then be compared with services received based on interview data.

The project methodologies and instrumentation have been completed and field tested. The final report is expected in February 1989.

### Natural History of Post-Acute Care for Medicare Patients

| | |
|---|---|
| Period: | December 1986-December 1990 |
| Funding: | $2,772,105 |
| Awardee: | University of Minnesota<br>School of Public Health<br>420 Delaware Street, SE., Box 197<br>Minneapolis, MN 55455 |
| Investigator: | Robert Kane, M.D. |

This is a study of the course and outcomes of post-acute care. It has two major components: analysis of Medicare data to assess differences in patterns of care across the country and to determine the extent of substitution where various forms of post-acute care services are more or less available, and detailed examination of clinical cases from the most common diagnosis-related groupings receiving post-acute care in a few selected locations. Measures of the complexity of the clinical cases will be developed using a modification of the medical illness severity grouping system (MedisGroups). This project is jointly funded with the Office of the Assistant Secretary for Planning and Evaluation. Data collection is currently underway. A report of the findings from the analysis of national Medicare data is due early in 1989. This project has recently been expanded to examine questions raised about the need for and the consequences of providing long term care in the Medicare Catastrophic Coverage Act of 1988.

## The 1982 and 1984 Long Term Care Surveys

Period: October 1983-December 1985
Funding: $1,900,000
Award: Interagency Agreement
Agency: The Bureau of the Census
Demographic Surveys Division
Suitland, MD 20233
Investigator: Herbert Silverman
Office of Research and Demonstrations
Health Care Financing Administration

The 1984 Long Term Care Survey capitalizes on the data collected for the 1982 Survey by interviewing the same persons, thus providing a longitudinal look at the functionally impaired elderly living in the community. The 1984 Survey expanded the scope of the 1982 Survey to provide a cross-sectional look at all functionally impaired Medicare beneficiaries 65 years of ages or over no matter where they reside. The 1984 longitudinal component collected data on the functionally impaired persons included in the 1982 Survey and still living in the community, persons now living in institutions, and those who are deceased. The 1984 cross-sectional component comprised the 1982 sample plus persons who were excluded in 1982 because they were institutionalized, persons who did not screen into the 1982 Survey because they were not functionally impaired, and persons who aged into the sample (that is persons who were 63 and 64 years of age in 1982 and who were 65 and 66 years of age in 1984). In 1984, persons were interviewed personally by using a detailed community questionnaire similar to the one used in 1982. Interviews were with a proxy for those who were institutionalized or deceased by using abbreviated questionnaires that collected information on services used and source of payment. Data for 1984 will make possible the analysis of circumstances leading to institutionalization and whether alternatives could have been considered. This would identify methods of intervention to forestall premature or inappropriate nursing home placements and thus reduce current estimates of national expenditures for nursing home services, particularly for the Medicaid program.

Papers using data from the 1982 Survey have already been produced, including:

- "1982 Long-Term Care Survey: National Estimates of Functional Impairments Among the Elderly in the Community," presented at the National Association of Welfare Research and Statistics Conference in Hartford, Connecticut, August 1984.
- "1982 Long-Term Care Survey: Functional Impairments and Sources of Support of Elderly Medicare Beneficiaries Living the Community," presented at the Gerontological Society of America in San Antonio, Texas, November 1984.
- "A Profile of Functionally Impaired Elderly Persons Living in the Community," published in the Health Care Financing Review, Vol. 7, No. 4, Summer 1986.

In February 1988 public use tapes of data from the 1982 and 1984 Long Term Care Surveys were made available at the National Technical Information Service. See the description of the tapes given in the section on "A National and Cross-National Study of Long-Term Care Populations."

## A National and Cross-National Study of Long Term Care Populations

Period: September 1984-September 1988
Funding: $792,802
Awardee: Duke University
Center for Demographic Studies
2117 Campus Drive
Durham, NC 27706
Investigator: Kenneth Manton, Ph.D.

Based on data from the 1982 and 1984 Long Term Care Surveys, this project will forecast the size and the socioeconomic characteristics, health status, and cognitive and physical functioning capacities of the aged population in the United States into the middle of the 21st century. The findings will be useful for planning long term care programs for functionally impaired aged persons. The project has been expanded to conduct additional analyses on:

- Identifying clusters of characteristics that distinguish groups of functionally impaired aged persons living in the community and are associated with differential patterns of use and expenditures of home health care services.
- Comparing hospital and post-hospital experiences of persons in the 1982 and 1984 Long Term Care Surveys and relating them to changes in their functional and health status in the interim. As an extension of this analysis, ascertain whether there have been substitutions for different types of services over time in light of the patients' changed health and functional status. For example, are home health services used more in lieu of nursing home services?
- Describing and comparing out-of-pocket health care expenses relative to aged persons' health status, functional and cognitive disabilities, and access to informal care giving services.

- Examining the impact of institutionalization and the medical expenses incurred prior to and after institutional placement on the spouse who is not institutionalized. This will examine the impact of one spouse's institutionalization on the other spouse's economic, residential, health, and functional status. This analysis will shed light on the Medicaid spend-down process as experienced by the surviving spouse.
- Refining the calibration of the underwriting factors used in computing the adjusted average per capita cost for establishing the capitation rates for aged Medicare enrollees joining health maintenance organizations and other prepayment plans. This study will combine detailed data on the functional and socioeconomic characteristics of the aged population from the 1982 and 1984 Surveys with Medicare utilization and expenditure data.
- Converting the data tape from the 1984 Long Term Care Survey to a format suitable for public distribution.

Work is in progress on all aspects of this project. A final report on the original scope of the project is expected late 1988. Public use tapes of data from the 1982 and 1984 Long Term Care Surveys are available from the National Technical Information Service. There are three parts to the package. Each may be purchased separately under different accession numbers:

(1) The documentation for the data tapes is available in paper copy (at $86.95) or microfiche (at $24.00). The accession number is PB88-172267.

(2) The data from the 1982 and 1984 Surveys are available in two separate tapes. One contains data on persons interviewed in 1982 and 1984. This provides the longitudinal perspective on persons in the Survey. The second contains data on all persons participating in the 1984 Survey. This includes data on aged persons who became Medicare beneficiaries after the 1982 Survey was conducted. This provides a cross-sectional perspective on functionally impaired aged Medicare beneficiaries in 1984. The 1984 data on persons in nursing homes are more complete than those obtained in 1982. The accession number is PB88-172242. The cost is $600.

(3) Medicare Part A bill data for services received between 1978 and 1985 by persons participating in the Surveys constitute the third tape. The coding scheme permits person-level linkage of the bill file to persons participating in the Survey. The accession number for this tape is PB88-172259. The cost is $200. Technical assistance to persons purchasing the public use tapes is available from the staff at Duke. The provision of this service is funded under this agreement.

### Cohort Analysis of Disabled Elderly

Period: August 1988 - August 1989
Funding: $89,986
Contractor: Brandeis University Research Center
(The Urban Institute - Subcontractor)
415 South Street
Waltham, MA 02254
Investigator: Korbin Liu, Sc.D.

This project will describe the incidence and prevalence of the morbidity, disability and mortality, and the variation in these transitions among different birth cohorts. This cohort analysis study will apply event history analyses to nationally representative data sources (Health Interview Surveys, National Long Term Care Surveys, Longitudinal Study on Aging, and the National Nursing Home Surveys) to derive estimates of the transitions between various health status states and the duration within states for different birth cohorts. The study will also estimate the risks and duration of use of specific types of acute and long term care as a function of the type and level of severity of morbidity and disability states. Results are expected in early 1990.

### Medicaid Tape-to-Tape Research Data and Analysis

Period: March 1986-March 1990
Funding: $5,091,560
Contractor: SysteMetrics, Inc.
104 West Anapamu Street
Santa Barbara, CA 93101
Investigator: Embry Howell

This project continues the development and implementation of a Medicaid person-level data set from five State Medicaid Management Information Systems (MMIS) (California, Georgia, Michigan, New York, and Tennessee). This effort will acquire data on enrollment, claims, and providers for 1985-88. These data will be used to create uniform files, provide descriptive reports, support analysis and evaluation, and develop methodology for online data base management. This project will provide a continuum of 9 years of uniform Medicaid data for the conduct of analysis of program management, evaluation of policy alternatives, and feedback to States in the area of Medicaid financing.

Currently, project staff are acquiring and processing person-level enrollment, claims, and provider data that have been obtained from State MMIS. Project staff are also linking the data base to other kinds of health statistics to expand the uses of the data. The project will continue to produce early return tabulations that summarize enrollment, utilization, and expenditures data for each year and each participating State. Research is underway on a series of special topics including: capitation in Medicaid, spend down and its relationship to nursing home entry, the chronically mentally ill, hip fractures among the elderly, the Medicaid disabled population, obstetrical services, acquired immune deficiency syndrome, and Medicaid providers.

## OFFICE OF HUMAN DEVELOPMENT SERVICES: ADMINISTRATION ON DEVELOPMENTAL DISABILITIES

### AGING AND THE DEVELOPMENTALLY DISABLED

#### ACTIVE GRANTS IN FISCAL YEAR 1987

Grantee: American Bar Association.

Project Title: Life Service Plans for the Elderly and the Developmentally Disabled National and Local Self-Help Models.

Project Period: June 1, 1985 to May 30, 1987.

FY 87 Funding Level: N/A.

Abstract: The American Bar Association's Commission on the Mentally Disabled and Legal Problems of the Elderly, in conjunction with two local consumer agencies, established programs to help the elderly and persons with developmental disabilities prepare life service plans. They prepared a training packet which explained financial and estate planning, as well as alternative supervisory arrangements available to support clients in the community. Twenty volunteers were also trained in one model community to help clients develop life service plans. In addition, a handbook was prepared for use by other communities. This program focused on preventive planning to deal with life crises that traditionally have resulted in institutionalization or unwarranted guardianships.

Grantee: University of Missouri/Kansas City UAF.

Project Title: Dissemination of a Composite Approach to the Service Needs of the Developmentally Disabled Elderly.

Project Period: September 1, 1986 to August 31, 1987.

FY 87 Funding Level: N/A.

Abstract: This project disseminated materials and procedures developed through a prior grant to enable age-relevant planning for elderly persons with developmental disabilities and to increase the involvement of these persons with non-handicapped peers. Two models were followed: (1) the *Intensive Training Model:* three sites were identified in which training and assistance was provided to state staff to enable them to implement these goals with the assistance of a network specialists; and (2) the *Train the Trainers Model*: statewide workshops introduced the training material and procedures to a wide audience. This project was jointly funded by AoA.

Grantee: Human Services Research Institute.

Project Title: Methods of Assessing, Ensuring and Enhancing the Stability of Residential Services.

Project Period: September 1, 1985 to January 31, 1987.

FY 87 Funding Level: N/A.

Abstract: This project documented the instability caused by the placement of individuals with developmental disabilities from public institutions into private residences, and the resulting effect on community residential providers—especially in the smaller facilities. The project documented the magnitude of this instability, explored similar problems in the aging field, identified models to enhance stability, examined human and finacial costs of instability, applied innovative methods in Massachusetts, and published a manual that described the problem of stability and stability-enhancing techniques.

#### GRANTS RECEIVING FUNDING IN FISCAL YEAR 1987

Grantee: East Arkansas Area Agency on Aging.

Project Title: Life Care Planning for Rural Elderly Parents of Developmentally Disabled Dependent Children.

Project Period: June 28, 1985 to June 27, 1988.

FY 87 Funding Level: $42,000 (ADD)/$43,000 (AoA).

Abstract: This project developed and implemented life care planning options for parents aged 60 and older with devlopmentally disabled dependents. The East Arkansas Area Agency on Aging and Focus, Inc. (serving the disabled) jointly identified target families and conducted assessments yielding parents' present level of planning, and identified unmet needs for life care planning for dependents. This project offered options for developing life care plans from the materials and services provided by a volunteer financial and legal group.

Grantee: Planned Lifetime Assistance Network.

Project Title: Planned Lifetime Assistance Network Program to Develop Personal and Resource Plans for the Handicapped.

Project Period: July 1, 1985 to June 30, 1988.

FY 87 Funding Level: $50,000 (ADD)/$50,000 (OPPL).

Abstract: This project assisted families in developing plans to effectively use their resources to provide for future care of their disabled dependents. By providing personal counseling to each family, the Network aimed at designing both a detailed financial and social plan to meet the requirements of the disabled individual during his or her parents' lives and after their deaths. This approach to developing financial trusts and advocacy activities was a cooperative effort to identify the specific requirements necessary to maintain the handicapped individual during his or her life, and to secure a way to provide for their future. The program was conducted among approximately 300 families with disabled dependents residing in three Virginia regions.

### GRANTS RECEIVING FUNDING IN FISCAL YEAR 1988

Grantee: Creighton University.

Project Title: Effective and Efficient Community Services for the Most Challenging to Serve.

Project Period: September 1, 1985 to August 31, 1988.

FY 88 Funding Level: $93,750.

Abstract: This project is focusing on the analysis and demonstration of effective and efficient community living arrangements for severely developmentally disabled citizens—the medically fragile, the mentally ill, and the elderly. Ten to 15 leaders from across the nation received intensive practicum training in the development and implementation of integrative living arrangements for these persons with special needs. Another 800 to 1,500 parents and professional leaders from across the nation also participated in a series of regional conferences. It is expected that all trainees will develop action plans suitable for their communities so that community living arrangements for the most challenging to serve will be developed or expanded across the country.

Grantee: University of Georgia UAP.

Project Title: A Quality of Life/Expressive Arts/Physical Fitness Innovative Training Service Program for Developmentally Disabled Elderly Persons in Northeast Georgia Senior Sites: A Collaborative Demonstration and Research Project.

Project Period: September 30, 1988 to September 29, 1990.

FY 88 Funding Level: $87,114.

Abstract: This project will demonstrate that old age for developmentally disabled persons can be a time of fulfilling activity and creativity. The project will develop, implement, research and disseminate drama, art, dance, and fitness programs to improve these individuals' quality of life and integration into the existing service system. Fifty developmentally disabled elderly from ten northeast Georgia county senior centers, nursing homes, group homes and day treatment centers will receive a nine month program integrated with 250 other elderly. The project is a collaborative effort between the Georgia University Affiliated Program (UAP) and the University of Georgia's Gerontology Center which will cooperatively plan, execute, evaluate and disseminate the program with the Northeast Georgia Area Planning and Development Commission, Agency on Aging; Georgia Department of Human Resources, Division of MH/MR and the Northeast Georgia Health District; Georgia Office of Aging; and Georgia Developmental Disabilities Council.

## OFFICE OF HUMAN DEVELOPMENT SERVICES: TITLE XX SOCIAL SERVICES BLOCK GRANT PROGRAM

The major source of Federal funding for social services programs in the States is Title XX of the Social Security Act, the social services block grant (SSBG) program. The Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35) amended Title XX to establish the SSBG program under which formula grants are made directly to the 50 States, the District of Columbia, and the eligible jurisdictions (Puerto Rico, Guam, Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands) for use in funding a variety of social services best suited to the needs of individuals and families residing within the State. Public Law 97-35 also permits States to transfer up to 10 percent of their block grant funds to other block grant programs for support of health services, health promotion and disease prevention activities, and low-income home energy assistance.

Under the SSBG, Federal funds are available without a matching requirement. In Fiscal Year 1988, a total of $2.7 billion was allotted to States. Within the specific limitations in the law, each State has the flexibility to determine what services will be provided, who is eligible to receive services, and how funds are distributed among the various services within the State. State and/or local Title XX agencies (i.e.

county, city, regional offices) may provide these services directly or purchase them from qualified agencies and individuals.

A variety of social services directed at assisting aged persons to obtain or maintain a maximum level of self-care and independence may be provided under the SSBG. Such services include, but are not limited to: adult day care, adult foster care, protective services, health-related services, homemaker services, chore services, housing and home maintenance services, transportation, preparation and delivery of meals, senior centers, and other services that assist elderly persons to remain in their own homes or in community living situations. Services may also be offered which facilitate admission for institutional care when other forms of care are not appropriate.

Under the SSBG, States are not required to submit data that indicates the number of elderly recipients or the amount of expenditures provided to support specific services for the elderly. States are required, prior to the expenditure of funds under the SSBG, to prepare a report on the intended use of the funds including information on the type of activities to be supported and the categories or characteristics of individuals to be served. States are also required to prepare a report on their activities at least 2 years. The reports are in the form and contain such information as the State finds necessary to provide an accurate description of its activities, to record the purposes for which funds were spent, and to determine the extent to which funds were spent in a manner consistent with their plans.

Based on an analysis of pre-expenditure reports submitted by the States for fiscal year 1987, the list below indicates the number of States providing certain types of services to the aged under the SSBG.

| Services: | *Number*[1] |
|---|---|
| Home-Based Services[2] | 49 |
| Disabled Services | 41 |
| Adult Protective and Emergency Services | 40 |
| Transportation Services | 27 |
| Health Related Services | 26 |
| Information and Referral | 25 |
| Adult Day Care | 24 |
| Home Delivered/Congregate Meals | 20 |
| Adult Foster Care | 15 |
| Housing Services | 9 |

[1] Includes 50 States, the District of Columbia, and the 4 eligible territories and insular areas.

[2] Includes homemaker, chore, home health, companionship, and home maintenance services.

In enabling the elderly to maintain independent living, all States provide Home-Based Services which frequently includes homemaker services, companion and/or chore services. Homemaker services may include food preparation, light housekeeping, and personal laundry. Companion services can provide personal aid to, and/or supervision of, aged persons who are unable to care for themselves without assistance. Chore services frequently involve performing home maintenance tasks and heavy housecleaning and food shopping for the aged person who cannot perform these tasks.

As reflected above, 40 States currently provide Adult Protective and Emergency Services to persons generally sixty years of age and over. These services may consist of the identification, receipt, and investigation of complaints and reports of adult abuse. In addition, this service may involve providing counseling and assistance to stabilize a living arrangement. If appropriate, Adult Protective and Emergency Services may also include the provision of, or arranging for, home based care, day care, meal service, legal assistance, and other activities to protect the elderly.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES: ADMINISTRATION ON AGING—REPORT FOR FISCAL YEAR 1988

### INTRODUCTION

This report describes the major activities of the Administration on Aging (AoA) in Fiscal Year 1988. Title II of the Older Americans Act of 1965 (the Act) established the Administration on Aging as the principal Federal agency for carrying out the provisions of the Act. The 1987 Amendments to the Act reaffirmed the responsibilities of AoA, State Agencies, and Area Agencies to assure that community systems serving older people are established, strengthened, and extended throughout the Nation. Through the Amendments, Congress also reaffirmed the need for strong partnerships and for effective coordination on behalf of older people. Congressional action also underscored concern for the most vulnerable elderly and emphasized the need to assure that priority focus is continued on the establishment and improvement of comprehensive coordinated community based systems of service.

The Older Americans Act seeks to remove barriers to economic and personal independence for older persons and to assure the availability of appropriate services for those older persons in the greatest social or economic need. the provisions of the Act are implemented primarily through a national "network on aging" consisting of the Administration on Aging at the Federal level, State and Area Agencies on Aging established under Title III of the Act, and the agencies and organizations providing direct services at the community level. In fiscal year 1988, Congress appropriated $725,231,000 to support programs and activities to implement the provisions of the Act, which are administered by AoA. This excludes $191,000 available for the Federal Council on Aging under the Older Americans Act appropriation. (See Appendix I for a summary of AoA's budget for fiscal year 1988.)

This report is divided into five sections. Section I describes AoA's roles and functions. It highlights various activities undertaken by AoA, in partnership with other Federal agencies and private organizations, to launch new national initiatives and foster the coordination of Federal programs related to older persons. Section II provides an overview of the provisions of Title III of the Older Americans Act. It summarizes the principal activities of the network of State and Area Agencies on Aging in fiscal year 1988. Section III describes the Title VI program of grants to Indian tribal organizations and the efforts of the Administration on Aging in assessing outreach to older Native Americans. Section IV presents a summary of AoA's fiscal year 1988 discretionary activities under Title IV, and a description of the fiscal year 1988 special activities an initiatives conducted by AoA designed to improve the capacity of State and local governments to provide quality long-term care for older persons. Section V describes AoA's evaluation activities conducted during fiscal year 1988. A series of Appendices provide additional information on the subject covered in the body of this report.

## SECTION I—THE ADMINISTRATION ON AGING

### ROLE AND FUNCTION OF AOA

The Administration on Aging (AoA) is located in the Department of Health and Human Services (DHHS). The agency is headed by the Commissioner on Aging, who is appointed by the President with confirmation by the Senate and who reports directly to the Secretary. AoA programs are administered through a Central Office located in Washington, D.C. and 10 Regional Offices. Title II of the Older Americans Act, as amended, describes the basic role and functions of AoA. Chief among these are to administer the programs authorized by Congress under Titles III, IV, and VI of the Act and to serve as an effective and visible advocate for older persons (including American Indian, Alaskan Native and Native Hawaiian Aging) within the Department and with other agencies and organizations at the national level.

AoA provides policy advice to the Secretary of Health and Human Services in matters affecting older Americans and information to other Federal agencies and to Congress on the characteristics, circumstances and needs of older persons The Agency also reviews and comments on departmental policies and regulations concerning services which affect the health and general well-being of older persons.

During fiscal year 1988, the Administration on Aging continued its aggressive efforts to assist vulnerable older persons and their families in finding appropriate help to maintain their independence within their won communities and to delay or prevent unnecessary institutionalization. AoA believes that these efforts can best be achieved by providing State and Area Agencies on Aging with the flexibility that allows them to strengthen existing local systems to make them more visible, easily accessible, and responsive to the needs of older Americans, particularly the most vulnerable.

The building and strengthening of coordinated community services systems for older persons and their families is the overall goal of efforts undertaken by AoA during fiscal year 1988. AoA continues to work with State and Area Agencies on Aging to develop ways, in which all available resource groups (i.e., public, private, voluntary, and religious organizations, as well as dedicated individuals) can effectively work together to create comprehensive and responsive community systems dedicated to maintaining the independence of older Americans.

Toward this end, efforts continue to focus on strengthening the roles of State and Area Agencies on Aging—as catalysts, information and referral centers, and as brokers of services—to help enhance, but not replace, individual self-sufficiency, family care—giving, and other traditional forms of community support. AoA recognizes that the Area Agency on Aging is the key organization that can forge the most effective and efficient linkages between existing systems of services within each community. Therefore, AoA is working with State and Area Agencies on Aging to strengthen efforts that will build a system of services that provide a continuum of care for older persons, tailored to meet the needs and circumstances of individual communities.

In order to facilitate these efforts, communities themselves must be encouraged to take positive action to build integrated and responsive systems of care. Activities undertaken during the past year to encourage community systems development include the publication and distribution of the agency's objectives for fiscal year 1989, as called for in the 1987 Amendments, which are directed toward community systems development. (The objectives are included in Appendix VI.)

A major responsibility of the Administration on Aging is to provide leadership to other Federal agencies and to the several components of the national network on aging relative to their efforts on behalf of older persons. Toward this end, AoA has developed and implemented a variety of special initiatives aimed at improving the quality of life for older persons. Examples of special initiatives undertaken during fiscal year 1988 are described below.

### AGING NETWORK VISIBILITY INITIATIVE

Building on previous activities to assure that responsive communty-based systems of services are readily accessible to all older persons, AoA completed two major tasks in fiscal year 1988 which will bring about greater visibility of State and Area Agencies on Aging. First, AoA prepared a manual, "Aging America: A Blueprint for Community Action". This "Blueprint" is based on the questions asked in a ten point community checklist printed on the inside back cover of the manual. Overall, the manual is designed to help communities respond to the many challenges and opportunities that the rapid increase in the number of older Americans presents. The "Blueprint" document outlines the goals that communities should seek and suggests a series of steps that can be taken to create a responsive system of opportunities and services that is tailored to the individual older person and the unique character of each community.

The suggestions offered in the "Blueprint" can be used by elected officials who are working to respond to community needs, citizens who want to make their community a better place in which to grow old, family members who are concerned about older loved ones, older Americans with special talents or needs, or anyone who is interested and concerned about the aging of America.

In a second effort aimed at promoting network visibility, AoA undertook a public education strategy to have public and private sector organizations print and distribute a generic booklet, "Where to Turn for Help for Older Persons". This booklet is aimed at linking middle-aged caregivers to resources and help for their older loved ones who live near by or across the country. It answers some of the most frequently asked questions about finances, health, legal and community services for the elderly. The Administration on Aging continues to receive a positive response about the booklet from public and private organizations, as well as the general public. Since it was first published in 1986, over 366,000 copies of the booklet have been reprinted by 80 organizations and companies including Levi Strauss, Blue Cross/Blue Shield, General Electric, United Auto Workers and the House Select Committee on Aging. The Government Printing Office has sold a total of 26,726 copies to the public.

### COMMUNITY ACHIEVEMENT AWARD INITIATIVE

In an effort to further stimulate the development of comprehensive and coordinated systems of services for older persons, AoA undertook a national initiative to identify and recognize communities which made significant progress in establishing and strengthening such service systems. Communities in 13 State were selected for recognition as a result of the initiative. Grants of $30,000 each were then awarded to the State Agencies on Aging in the 13 States to publicize the special features and characteristics of community-based systems. A brochure and case study document about these communities were prepared during fiscal year 1988. In addition, a national recognition ceremony was held in Washington, D.C. in May 1988 to honor the award-winners.

To assure that information about the winners of the "Achievement Award" received the widest possible dissemination, conferences and workshops were held in all 13 States (Rhode Island, New York, District of Columbia, West Virginia, Mississippi, Florida, Georgia, South Carolina, Tennessee, Minnesota, Illinois, Oregon, and

Idaho). Some States also developed video tapes and portable displays about the award-winning communities. Materials and pamphlets were also prepared for use as promotional tools. In one State, training sessions were held and a manual for community action prepared. Because of the successful implementation of this initiative, AoA is now planning a second competition for Community Achievement Awards.

### LOW-INCOME MINORITY ELDERLY

The 1987 Amendments to the Older Americans Act placed increased emphasis on meeting the needs of low-income minority elderly persons. The Administration on Aging continues to work with State and Area Agencies on Aging to increase minority participation in programs authorized by the Act and to insure that Title III program performance data accurately reflect the provision of services to this target population.

In addition, regulations for implementation of the 1987 Amendments have set forth for the first time concise statements of the leadership and advocacy roles of State and Area Agencies on Aging in building responsive community systems, financed by the widest range of public and private resources. They also provide a blueprint for the development of effective systems of services which respond to the talents and the needs of older persons in each and every community of the Nation. Emphasis is placed on the vital role of service providers and of community leaders in developing options which are readily accessible to all older persons and their caregivers. These systems will include special efforts to help those among our older population who are in greatest economic or social need, especially low-income minority older persons.

Finally, "Targetting Resources to the Vulnerable Elderly" was among the AoA National Objectives for Fiscal Year 1989 which the agency issued in August 1988 in response to the provisions of Sect. 205(d) of the Act. These Objectives also constituted the organizing framework for AoA's research and demonstration initiatives in Fiscal Year 1988. In accordance with the "Targetting" Objective, Title IV resources were directed to improvements in reaching the low-income minority elderly in this demonstration category. Detailed information on grants which are currently active in this area will be found in Section IV.

### COMMUNITY AND MIGRANT HEALTH CENTERS

The Administration on Aging, in collaboration with the Health Resources and Services Administration, completed a two phase initiative designed (1) to promote greater access to and participation in the primary care services of the Community and Migrant Health Centers (CMHC's) and, (2) to increase targetting of supportive services by AAA's. The approach was to forge stronger linkages between the two programs at all administrative and programmatic levels to ensure coordinated planning, integration of resources wherever possible, and the development of mutually supportive strategies at the State and local levels.

Each State developed plans in partnership between the State Aging Agency and the State (or Regional) Primary Care Association. Goals that are being implemented as a result of the initiative include integrated planning, allocation of technical assistance, pooling of resources at the State and local levels; seminars and training; engagement of legislative support to increase awareness and promote linkages between the two programs; development of information and outreach programs; training curriculum designed to develop skills for one-care geriatric workers; development of a 24-hour day emergency medical and ambulance service; coordination of efforts for home care of the elderly; engagement of private sector resources including the telephone company, state universities, and some voluntary services agencies to support initiatives. Some States have developed respite care programs, in-home assessment teams for supportive and nutritional needs; counseling programs and rehabilitation services. Other States have emphasized health promotion services; development of collaborative data bases; improvement of management and targeting strategies; and development of marketing strategies.

In support of this initiative, each of AoA's Regional Offices has provided guidance and technical assistance to States within their region. While AoA currently has no hard data on increases in numbers of the elderly participating in community health centers, there is general consensus that more older persons are being targeted for needed services. AoA's Central Office is currently working with HRSA in developing an evaluation of the initiative which will look at the programmatic impact of the initiative as well as the increase in participation of the elderly in community health centers.

## CAREGIVING

Increasingly, policy-makers and members of the public are becoming aware of the nature and scope of issues associated with caregivers providing in-home care to older persons. AoA has been working with Federal agencies and with organizations in the private sector to promote knowledge of caregiving and employee assistance programs and implementation of activities and initiatives in this area. In these efforts the goals have been to facilitate leadership, to increase awareness of the issues, to make people aware of sources and location of available resources, to collaborate with ongoing efforts related to caregiving, and to provide technical assistance around specific issues in developing programs that address the subject of caring for older persons.

In June 1988, AoA colloborated with the Office of Personnel Management (OPM) in a seminar for Federal personnel who are involved with caregiving issues affecting Federal employees, such as employee assistance staff and Federal women's program staff. This seminar focused on basic information on caregiving, the Aging Network and other available resources. AoA has concentrated on expanding the base of knowledge about caregiving for the elderly in Federal agencies nationwide as well as promoting linkages between public and private caregiving initiatives. Considerable work has been undertaken at the Regional Office level. AoA's Regional Offices are working with their personnel offices, disseminating information to increase awareness of caregiving as an issue which needs to be addressed, conducting surveys, establishing ongoing programs and seminars for their own agencies as well as reaching out to other Federal agencies. In addition, the Regional Offices are:

1. Promoting and supporting State efforts to implement caregiving initiatives in the public and private sectors
2. Developing options for public private collaboration
3. Helping to create options for businesses to initiate, such as accumulation of credit hours for caregiving, and banking pre-tax deductions for costs of adult day care and medical costs.

## TRANSPORTATION

In collaboration with other Operating Divisions of the Department of Health and Human Services (DHHS), AoA is supporting efforts by the DHHS and the Department of Transportation (DOT) to prepare and disseminate a handbook of "best practices" demonstating mechanisms for coordinating human services transportation systems. A contract, partically funded by AoA, has been awarded to the Center For Systems and Program Development, Inc., for preparation and dissemination of the handbook.

This initiative responds to Congressional concerns that transportation services to social services clients funded by DHHS agencies be coordnated with the services funded through the programs administered by DOT. On October 24, 1986, the Secretaries of DHHS and DOT signed an agreement to facilitate effective and efficient coordination of specialized and human service transportation. In keeping with this agreement, AoA has joined with the Urban Mass Transportation Administration of DOT to support pilot workshops to be convened in two States during fiscal year 1989 that will bring together representatives of the aging and transportation networks who wish to improve the coordination of transportation services for the elderly. The two workshops will develop prototype "Action Plans" which will be disseminated for use as "How to" guides by other States.

## SUPPLEMENTAL SECURITY INCOME (SSI), FOOD STAMP AND MEDICAID OUTREACH

During fiscal year 1988, the Administration on Aging (AoA) began distributing outreach materials to the States on the Supplemental Security Income (SSI), Food Stamp and Medicaid programs. The 1987 Amendments to the Older Americans Act require the Commissioner on Aging to analyze, compile and distribute information about outreach activities targeted on older persons who may be eligible for, but are not receiving, SSI, Food Stamp, and Medicaid benefits. Some of these materials were sent to the Regional Offices for distribution. In addition, AoA made arrangements for other materials to be provided to the States by the American Association of Retired Persons (AARP) and the Villers Foundation.

This effort responds to concerns of the Congress and the President that all other people be made fully aware of the benefits available to them under the SSI, Food Stamp and Medicaid programs and that eligible individuals be encouraged to apply. State Agencies on Aging were urged to review the available materials and to develop or strengthen effective outreach programs throughout the State to increase the participation of the elderly in these programs. Regional Program Directors were asked to contact State Directors on Aging to offer their assistance in organizing Statewide outreach campaigns.

### ALZHEIMER'S DISEASE INITIATIVE

Since fiscal year 1985 the Administration on Aging has supported a substantial number of Research and Demonstration projects designed to develop and strengthen family and community-based care for Alzheimer's Disease (AD) victims and their family caregivers. For example, in fiscal year 1985 AoA awarded $1,127,618 to support 12 projects, 3 of which were multi-year initiatives that received continuation awards in fiscal year 1986 amounting to $429,940. Three new grants were also awarded in the same fiscal year 1986, at a total cost of $197,081.

In fiscal year 1987 AoA made 4 continuation awards to support multi-year initiatives as well as 5 new awards. The cost of these 9 grant awards totalled $1,240,431.

In Fiscal Year 4 multi-year projects received continuation awards amounting to almost $600,000. In addition, an award for $75,000 made in Fiscal Year 1988, supports a project that will synthesize current practices in caregiving support for families of people with AD.

Implementation of AoA's Alzheimer's Disease Initiative has also included collaborative efforts with other Federal agencies. Through cooperative information sharing with the National Institute of Mental Health (NIMH) both agencies have been able to minimize duplication of efforts in their respective research and demonstration program activities.

AoA also works with the National Institute on Aging (NIA) on program initiatives in AD. The inclusion by AoA of a special priority area under the Fiscal Year 1987 Coordinated Discretionary Funds Program that supported collaborative projects with such qualified organizations as NIA's Alzheimer's Disease Research Centers, and the subsequent award of funds for five new projects, resulted from cooperative efforts between the two agencies.

Detailed information about AoA's Fiscal Year 1988 activities concerning Alzheimer's Disease is included in Section IV.

### NATIONAL HEALTH PROMOTION INITIATIVE

The National Health Promotion Initiative for Older Persons is a joint activity sponsored by AoA and the Public Health Service (PHS). Officially launched during Older Americans Month of 1984 with the signing of the first of several Memoranda of Understanding between AoA and PHS, the initiative is designed to improve the health status of older persons and improve the quality of life of their later years.

Throughout the years, the program has had three major goals: (1) Maximizing the opportunities for older persons to live independently through improvement of their health status; (2) focusing attention on health promotion and disease prevention through improving nutritional status, improved physical fitness, smoking cessation, mental health, dental health, adult immunization, prevention of fire and smoke related injuries, and driver and pedestrian safety; and (3) curtailing health expenditures caused by preventable conditions. Some of the specific activities conducted during Fiscal Year 1988 to attain these goals are discussed below.

A. *Surgeon General's Workshop.*—In conjunction with the Public Health Service and the National Institute on Aging, AOA co-sponsored a national conference entitled "Surgeon General's Workshop on Health Promotion and Aging" in March 1988. Approximately 150 leaders in the field of health promotion and aging met to develop recommendations for action in the fields of: Alcohol; Oral Health; Injury Prevention; Nutrition; Physical Fitness; Drug Management; Smoking Cessation; and Preventive Health Services. Recommendations for Research, Services, Training and Policy Implications were developed in each field. The final report, which AoA is assisting to disseminate, consisted of 365 recommendations of the conference in the various areas.

B. *Health Promotion Awards.*—Since the inception of the joint Health Promotion Initiative for Older Persons, States and localities have sponsored numerous health promotion activities for older persons. In recognition of the importance, volume and quality of these many endeavors, the Surgeon General and the Commissioner on Aging launched an annual awards program in 1986 to recognize the outstanding contributions of individual States in supporting this national initiative. In 1988, awards were given to 10 States, one in each Federal Region, to recognize their leadership in the field of Health Promotion and Aging during the Fiscal Year 1987.

C. *Health Promotion Calender for Older Persons.*—AoA supported the development and distribution of a health promotion calendar for older persons. This year's calendar differed from the previous ones in that it was targeted at older persons themselves rather than at service providers doing health promotion programming. The calendars were distributed widely through the network of State and Area Agencies on Aging and through other networks involving older persons.

D. *Dissemination of Health Promotion Materials.*—A number of health promotion publications have been prepared and disseminated during the course of the national health promotion initiative for older persons. In Fiscal Year 1988, four resource guides were printed and disseminated widely: a *Resource Guide on Nutrition for Older Persons; Resource Guide on Drug Management for Older Persons; Resource Guide on Injury Control for Older Persons;* and *Resource Guide for Physical Fitness for Older Persons.* In addition to these documents, the following documents were disseminated to the aging network; A *Compendium of Health Promotion Organizations,* a *National Directory of Health Promotion Programs,* and reprints of the popular *Strategy Development Guide for Health Promotion Programs* and *Health Promotion Bibliography.* The National Center for Health Promotion and Aging, a part of the National Council on the Aging has assisted AoA in the dissemination of its health promotion documents.

E. *Collaboration with the National Council on Patient Information and Education (NCPIE).*—AoA collaborated with NCPIE, a nonprofit umbrella organization of 240 member organizations concerned with patient education issues to launch a nationwide media campaign to promote safe and effective use of prescription medicines by older persons. AoA distributed 60,000 copies of the NCPIE newsletter on prescription medicines through the network of State and Area Agencies on Aging.

F. *Osteoporosis Prevention.*—At the invitation of the National Osteoporosis Foundation (NOF), AoA served as a co-sponsor of National Osteoporosis Prevention Week in May 1988. As a part of this effort, AoA and the NOF co-funded the development of the National Osteoporosis Prevention Week poster which was a part of a larger educational package on osteoporosis that was distributed nationally by the NOF.

## WASHINGTON BUSINESS GROUP ON HEALTH

In fiscal year 1988 AoA refunded for its second year a project being conducted by the Washington Business Group on Health (WBGH), a national membership organization representing approximately 200 local business and health coalitions. The purpose of the project is to establish model partnerships between the business community and State and Area Agencies on Aging to promote policies and programs which meet the needs of employed caregivers and their adult dependents. The first year of the WBGH project brought a number of successes:

—Eight business coalition/aging network agency partnerships are receiving small grants to conduct a variety of joint model programs that address aging issues in the community or workplace.

—The project selected four local coalitions for caregivers partnerships in Pennsylvania, Minnesota, North Carolina, and West Virginia and these projects are well underway.

—These 12 projects have extensively publicized their efforts to member companies and the community. Project teams have begun to involve State and other elected officials thereby further expanding the interest and commitment to aging issues.

—All of the projects have garnered substantial corporate contributions and other in-kind support.

During the second project year, the WBGH will continue with the development of an employer guide to caregiving, a policy report on caregiving, a training guide for the aging network and the development and circulation of *Together on Aging,* a bimonthly newsletter devoted to partnership activities.

Concurrent with continuation and expansion of the original project activities, the WBGH project will include several additional undertakings. In November 1988 WBFG will conduct a Congressional briefing on partnerships in caregiving to be held in conjunction with National Family Caregivers Week. They will also conduct forums on project activities in conjunction with several other national conferences.

## TECHNOLOGY AND AGING

In 1985, AoA entered into an agreement with the National Aeronautics and Space Administration (NASA), the National Institute on Aging (NIA), the Veterans Administration (VA), and the National Institute on Disability and Rehabilitation Research (NIDRR). The purpose of this agreement is to collaborate on using NASA aerospace technology and scientific knowledge about aging to develop, produce and market devices to assist the elderly. As a result of this agreement, a prototype device to modify caregivers of wandering behavior by impaired older persons is being developed through a contract with Cortrex Electronics Inc. During fiscal year 1988, AoA participated with the other agencies in funding Phase II of this project—the development of a prototype system. During the coming year the Federal agency participants to the agreement will look at other aging issues that might be addressed through transfer and application of NASA technology.

### MEMORANDUM OF UNDERSTANDING BETWEEN THE ADMINISTRATION ON AGING/HEALTH RESOURCES AND SERVICES ADMINISTRATION

During fiscal year 1988 AoA signed a Memorandum of Understanding (MOU) with the Health Resources and Services Administration (HRSA) to pursue joint efforts to contribute to the improvement of the health of older persons. Under this MOU AoA and HRSA will jointly:

—support States and communities in the development of improved health care systems serving older persons;

—promote expanded education and training opportunities for health personnel serving older persons;

—collaborate with the private sector to improve health care for older persons;

—promote the maintenance, improvement, and expansion of health services for older persons living in rural communities; and

—support model programs for older HRSA and AoA employees and for employees providing care to older family member.

Implementation of this MOU began duirng fiscal year 1988 and will continue in subsequent years.

## SECTION II—TITLE III SUPPORTIVE AND NUTRITION SERVICES

### INTRODUCTION

The Older Americans Act of 1965, as amended, established the Administration on Aging to serve as the national focal point on aging and to oversee the process of building effective systems of services for older persons in each and every community of the Nation. The goal of these efforts is to provide maximum opportunity for all older persons to live independent, meaningful and dignified lives in their own homes and communities as long as possible.

The Administration on Aging provides funds, made available under Title III of the Older Americans Act, to State Agencies on Aging in every State and Territory to carry out this mandate. The State Agency on Aging is required to subdivide the State into Planning and Service Areas (PSA's) and to designate within each PSA an Area Agency on Aging (AAA) to be specifically responsible for carrying out the purposes of the Act within the PSA. While most States have a statewide network of Area Agencies on Aging, 15 States/Territories have designated their entire geographic area as a single PSA with the State agency performing the Area Agency functions because of their small geographic areas or population size.

Each State and Area Agency on Aging works to:

—Enhance efforts by the community to designate focal points of contact where older persons or their families can gain access to needed services.

—Assist communities to create and support a range of services and opportunities for older persons through:

  —advocacy,
  —information-sharing,
  —brokering, and
  —monitoring and evaluation.

State and Area Agencies on Aging work to facilitate the most effective use of *all* community resources, both public and private, to build effective service systems for older persons within the many communities of the Planning and Service Area. The building of such systems must be a community-wide effort with all appropriate resources, programs and personnel carefully coordinated.

Funds are made available to the States on a formula basis upon approval of State plans by AoA Regional Offices. States then allocate funds to Area agencies based upon approved area plans. Funds provided to Area Agencies are used for the administration and support of a wide range of community-based supportive and nutrition services authorized under parts B, C and D of Title III of the Act.

The Title III activities conducted in the States during fiscal year 1988 were based upon State plans ranging in duration from 2 to 4 years. The 1984 Amendments to the Older Americans Act eliminated the separate allotment for State administration and authorized States to use a portion of the funds allotted under Title III to support State agency administrative and advocacy activities. The 1987 Amendments to the Older Americans Act added a new part D to Title III for in-home services for the frail elderly. Therefore, in fiscal year 1988, four separate allocations were made to States for: (a) supportive services and senior center operations; (b) congregate nutrition services; (c) home-delivered meals; and (d) in-home services for the frail elderly. (See Appendix II for State allotments under Title III in fiscal year 1988.)

Under the Older Americans Act, the State Agencies on Aging have the authority to transfer limited amounts of funds among three of the Title III allotments (parts B and C) in order to better reflect their local needs and priorities. In fiscal year 1988 the net transfers were as follows:

| | Net transfers | Percent change |
|---|---|---|
| Title III-B (Supportive Services) | +$26,694,763 | [1] +9.9 |
| Title III-C-1 (Congregate Nutrition Services) | −56,692,733 | [1] −16.4 |
| Title III-C-2 (Home-Delivered Meals) | +29,997,970 | [1] +39.6 |

[1] Transfer as percent of original allotment.

As reflected in the figures above, States have made considerable use of the flexibility permitted them under the law. Based on their assessments of need and local priorities, States elected to transfer approximately $56.7 million out of their congregate nutrition programs in order to increase their levels of investment in supportive services and home-delivered nutrition services. Allotment figures for these programs cited later in this section reflect these transfers. (See Appendix III for State allotments after transfer under Title III in fiscal year 1988.)

The States make awards to the Area Agencies on Aging, based upon their approved area plans, to pay up to 85 percent of the costs of supportive services, senior centers, and nutrition services. In most cases, Area Agencies on Aging then arrange with both nonprofit and proprietary service providers to deliver nutrition and other services described in the area plan.

At the State and local levels, the State and Area Agencies on Aging are charged with performing roles of advocacy and coordination similar to the responsibilities of AoA at the national level. They review and comment on State and community policies, programs and issues; provide testimony at public hearings; publish reports; coordinate and provide technical assistance to other public and private agencies and organizations; and leverage resources from Federal, State and local programs, as well as private charitable and business resources.

As already indicated, the general purpose of the Title III program is to develop greater capacity at the State and local levels and foster the development of comprehensive and coordinated service systems to serve older persons. The Title III program has evolved from a relatively simple program of community service projects for older persons into a complex and highly differentiated "national network on aging" currently consisting of 59 State Agencies and over 670 Area Agencies on Aging and more than 25,000 local nutrition and supportive service providers. These nutrition and supportive service providers are local public, private, or voluntary organizations which deliver the direct services to older persons in their communities. Not only do the State and Area Agencies on Aging use Title III moneys to provide services, they also are instrumental in leveraging other public and private moneys (for example, other State and local funds, private foundation contributions and other Federal funds) in addressing the needs of older persons.

Title III regulations (45 C.F.R. Part 1321) require that each service provider must "provide each older person [receiving services] with a full and free opportunity to contribute toward the cost of the service." Although AoA emphasizes through the aging network that this is not a fee and that contributions are entirely voluntary, these contributions have been steadily increasing, as follows:

| Fiscal year: | *Million* |
|---|---|
| 1981 | $79.0 |
| 1982 | 100.8 |
| 1983 | 116.7 |
| 1984 | 131.7 |
| 1985 | 140.1 |
| 1986 | 153.9 |
| 1987 | 163.6 |
| 1988 (estimate) | 173.0 |

## STATE AGENCIES ON AGING

The Older Americans Act provides that the State Agency on Aging shall be the leader relative to all aging issues on behalf of all older persons in the State. This means that the State agency proactively carries out a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation designed to lead to the development or enhancement of comprehensive and coordinated community based systems serving communities throughout the State. These systems are designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible. The State agencies assure that the resources made available to Area Agencies on Aging under the Older Americans Act are used to carry out the area agency mission.

Fifty-nine States and other jurisdictions receive support under Title III of the Act. The 1981 Amendments to the Act provided greater flexibility to State Agencies on Aging by permitting them to elect durations of 2, 3 or 4 years for State and area plans. Beginning on October 1, 1985 (fiscal year 1986), 24 States or Territories (41 percent) operated on a 2-year cycle; 26 (44 percent) operated on a 3-year cycle; and 8 (14 percent) operated on a 4-year cycle. State Agencies on Aging are organizationally located in State governments either as independent agencies reporting directly to the Governor or as components of larger human services agencies.

As indicated in the Introduction to Section II, State Agencies on Aging received four separate Title III allocations (Supportive Services and Senior Centers, Congregate Nutrition Services, Home-Delivered Meals, and In-Home Services for Frail Older Persons) in fiscal year 1988. The State Agencies were then responsible for allocating the bulk of these funds to their Area Agencies on Aging in accordance with the area plans which the Area Agencies prepare and submit for State Agency approval.

The State Agencies are authorized by Section 308 of the Act to retain a specified portion of their Title III allocations to help defray their administrative costs. In addition, State Agencies use part of their Title III–B (Supportive Services and Senior Centers) funds and funds from other sources to establish and maintain long-term care ombudsman programs at the State and sub-State levels. Through their ombudsman programs, States have addressed such issues as nursing home regulations, abuse of residents' personal funds, and restrictions on access to nursing homes. Complaint statistics and program data for the fiscal year 1987 reporting period were analyzed during fiscal year 1988. Some highlights of these data are as follows:

—The number of sub-State ombudsman programs reported by States continues to increase. During Fiscal Year 1987, the most recent period for which data are available, there were 557 sub-State programs.

—Total funding for State and local ombudsman programs in Fiscal Year 1987 was about $20.3 million. In addition to Title III–B funds, State and local governments used funds from other sources, including State, county, and local revenues, grants under Titles IV and V of the Older Americans Act, and other funding sources.

—Nationwide, over 10,000 people worked in State and local ombudsman programs during Fiscal Year 1987, including professional and volunteer staff.

## AREA AGENCIES ON AGING

The Older Americans Act provides that the area agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the Planning and Service Area. This means that the area agency proactively carries out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, each community in the planning and service area. These systems are designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

A comprehensive and coordinated community based system must meet the following criteria:

(1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;

(2) Provide a range of options;

(3) Assure that these options are readily accessible to all older persons: the independent, semi-dependent and totally dependent, no matter what their income;

(4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;

(5) Involve collaborative decisionmaking among public, private, voluntary, religious and fraternal organizations and older people in the community;

(6) Offer special help or targetted resources for the most vulnerable older persons, those in danger of losing their independence;

(7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;

(8) Evidence sufficient flexibilty to respond with appropriate individualized assistance, especially for the vulnerable older person;

(9) Have a unique character which is tailored to the specific nature of the community; and

(10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested persons, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

In fiscal year 1988, there were over 670 Area Agencies on Aging operating under Title III of the Act. An Area Agency on Aging may be a public or private organization, and Indian Tribe or a sub-State regional body. Area Agencies on Aging have the major responsibility for the administration of Title III funds for supportive services and nutrition services. Area Agencies receive their funds from the State Agency on Aging and then award grants and contracts to local supportive and nutrition service providers under an approved area plan.

Area Agencies of Aging are responsible for providing technical assistance to and monitoring the effectiveness and effieiency of their respective service providers. Through their coordination and planning activities, Area agencies also address the concerns of older persons at the community level. Area agencies interact with other local public and private agencies and organizations in order to coordinate their respective activities and elicit or "leverage' additional resources to be used on behalf of older persons.

State Agencies on Aging and single Planning and Service Areas received a total of $694.1 million of Title III funds during fiscal year 1988. Of this amount, approximately 86 percent was used for supportive and nutrition services and the remainder was spent for administrative purposes. Area Agencies on Aging augmented their Title III funds through eleciting support from other Federal, State, and community sources. In addition, as indicated previously, income is generated for the program from such sources as participant contributions for services, which have been increasing steadily over the years.

## TITLE III SERVICES

Title III-B supportive services are designed to provide assistance to those older persons in need. Most supportive services fall in three broad categories: access services; in-home services; and other community and neighborhood services. Access services are transportation; outreach; and information and referral. Most in-home services are either housekeeping; personal care; chore; and visiting and telephone reassurance. Community and neighborhood services include legal services; residential repair; escort services; health services; physical fitness programs; pre-retirement and second career counseling; and other services. Most social services and congregate meals are provided at multi-purpose senior centers, many of which have been designated as community focal points.

Data on Title III services and program operations are sent to AoA each year by the State Agency on Aging through the Title III Information System. The Title III Program Performance Reports for Fiscal Year 1987 were analyzed during Fiscal Year 1988. The national program statistics for Fiscal Year 1987 are provided in Appendix IV. These data pertain to: program operations and multi-purpose senior centers and community focal points; participation levels for Title III–B supportive services; and service characteristics and participation under the Title III–C nutrition program. Selected program data are highlighted below.

In Fiscal Year 1987, the Title III–B program reached an estimated 8.5 million older clients in need of access, in-home, and community-based services. In Fiscal Year 1987, 16 percent of all participants were racial and ethnic minorities and 42 percent were low income. In the area of access services, transportation was the most frequently provided service, followed by information and referral then outreach. Of four defined in-home service categories, reassurance to elderly persons through visiting and telephone contacts was reported most frequently, followed by homemaker, chore, and home health aide services. Of the four services in the community and neighborhood category reported in the Title III Information System, health services were most frequently provided, followed by legal, escort, and residential repair/renovation services.

Congregate and Home-Delivered Nutrition Services (authorized by Title III-C) continue to be an integral part of the systems which communities are developing to assist their older citizens in maintaining independence and remaining in their own homes as long as possible.

As an indicator of the value of this program, over 146 million congregate meals were served to older people and their spouses during Fiscal Year 1987. In addition to Title III-C funds, these meals are also supplemented and supported by State funds; Social Services Block Grant Program and other Federal funds; State/local funds; and participant contributions. Over 2.7 million elderly received meals at congregate sites.

Home-delivered meals are also critical to the maintenance of independence for older persons who are unable to participate in congregate meals programs. During Fiscal Year 1987, 85.9 million meals were provided to the homebound elderly from Title III-C and other funding sources. A total of 729,301 older persons received home-delivered meals.

The Title III-D (In-Home Services for Frail Older Persons) was established by the 1987 Amendments to the Older Americans Act and first became operative in Fiscal Year 1988. Title III-D program performance data for Fiscal Year 1988 will be included in the Fiscal Year 1989 annual report.

## SECTION III—SERVICES TO OLDER NATIVE AMERICANS

### TITLE VI GRANTS FOR NATIVE AMERICANS

Under Title VI of the Older Americans Act, the Administration on Aging annually awards grants to tribal organizations representing federally recognized Indian Tribes. These grants assist tribal governments in delivering nutritional and supportive services to older Indians.

In Fiscal Year 1988, 136 tribal organizations were funded under Title VI with an appropriation of $7,181,000. (See Appendix V for a listing of the Fiscal Year 1988 Title VI grantees.)

On November 29, 1987 the President signed the Older Americans Act Amendments of 1987 (P.L. 100-175) which renamed Title VI and divided it into two parts. The Title was changed from "Grants to Indian Tribes" to "Grants for Native Americans." The two new parts are Part A, "Indian Program," which includes the older Indians and Alaska Natives formerly covered by Title VI, and Part B, "Native Hawaiian Program," for older Native Hawaiians. No funding was provided for Part B for Fiscal Year 1988.

AoA continued to administer a contract to provide training and technical assistance to the tribal organizations for the administration of their Title VI grants. Under this contract, assistance is provided for managing nutritional service programs, providing supportive services, and grant management.

### EVALUATION OF OUTREACH TO OLDER AMERICAN INDIANS, ALASKAN NATIVES, AND OLDER HAWAIIAN NATIVES UNDER THE OLDER AMERICANS ACT

The Older Americans Act Amendments of 1987 directed the Administration on Aging to study the availability and quality of outreach services provided to older Indians, Alaskan Natives, and Hawaiian Natives. The findings from the study are described below.

Outreach means the process of seeking out hard-to-reach, isolated and withdrawn older people, assessing their needs, and assisting them to connect with the services they need. Outreach is necessary because of the cultural, geographic, language and information barriers which impede an older person's ability to receive services normally available to other older Americans. Door-to-door canvassing, personal visits, public information, articles, bulletins, and public meetings are a few outreach mechanisms. Successful outreach is necessarily linked to trust, cultural awareness, language similarity, and ethnic identity of the staff worker. Agencies often grant or contract outreach services to organizations who represent particularly hard to reach target populations such as low-income and minority persons. These organizations may often provide the familiarity in language and cultural awareness—critical to successful outreach.

In providing information for the study, States described their activities to better serve low income minorities as having a positive impact on services to American Indians and Alaska Natives (AI/AN). The States highlighted a number of activities which, although not strictly defined as outreach, increase the participation of older Indians. States also highlighted activities that assure that the special needs of this population are taken into account in policy and service delivery determination. Among the most frequently included activities which have an impact on serving AI/AN elders were the following: subcontracting with American Indian organizations to provide services; locating services (particularly nutrition sites and senior centers) on or near reservations or concentrations of Indians; hiring staff from tribes or of Indian descent; assuring AI/AN representation on State and local advisory committees; promoting/supporting the development of statewide Indian Councils on Aging; and assisting in convening State conferences or meeting the costs of tribal elders' attendance at national Indian elderly conferences.

The following are the outreach methods most frequently used by Title III programs to serve older American Indians and Alaska Natives:

—Locating senior centers and other service sites near concentrations of Indian elders.

—Providing grants or contracts to Indian organizations for the provision of key services, i.e., transportation, meals, outreach.

—Emphasizing minority outreach within the State/area plan.

—Utilizing special bilingual or bicultural staff to work with Indian elders.

—Providing training, public information, conferences and assistance to Indian program personnel, and technical assistance to state/local Indian elderly advocacy organizations.

—Assuring Indian elder representation on State and local advisory committees, State minority task forces, senior legislatures, and coordinating with Indian elderly commissions.

—Working with other tribal programs i.e., Family Assistance, Tribal Health Representatives, Indian Centers, Indian Housing Authority, to reach elders.

This summary should not be interpreted as a complete list of all outreach initiatives. However, it does illustrate the variety of activities at the State and local levels. Outreach efforts under Title VI of the Older Americans Act includes a variety of methods. Program newsletters, Tribal newspapers, and announcements on radio and television stations may reach older Indians who had been unaware of the Title VI program. Further, most programs rely on program staff, e.g., Program Director, Cook and/or Van Driver to assume outreach activities in addition to their other responsibilities.

Title VI outreach is often done by the elders themselves. Many volunteers to contact other older people and to encourage them to participate in Title VI programs. Outreach to the more isolated portions of a reservation is usually accomplished by the elected Tribal officials.

As indicated previously, the 1987 Amendments to the Older Americans Act created a new program (Title VI-B) services to older Native Hawaiians. According to the U.S. Census, 1980, there are 172,346 Native Hawaiians in the United States; 68.8 percent of whom reside in Hawaii. Of the 965,000 people in Hawaii, 114,000, or 11.8 percent of the general population are 60 years of age or over. Of that State's Hawaiian Native population 6.9 percent are 60 years old and over. Data available on services and programs specifically targeted to older Hawaiian Natives is derived from the Executive Office on Aging (EOA—the State Agency on Aging in Hawaii), and from service providers in that State.

The State Agency on Aging, through its four Area Agencies on Aging, has established various programs that serve Native Hawaiians. There were 392 units of support services delivered during June 1988, according to the EOA. These services included case management, health maintenance, legal, personal care, chore, escort, financial, friendly visiting, discount, interpreter, reading and writing, outreach, information and referral (I and R), and transportation. The State date indicates the three services most utilized by Native Hawaiians were I and R, (246), transportation (91), and discount (72).

The State agency in Hawaii has taken measures to insure that older minority participants in Title III programs, including older Hawaiian Natives, are served in proportion to their population in the State. In order to identify gaps in services, the State agency implemented an Aging Information Management System (AIMS). The system compiles program performance data for all Title III programs according to the racial/ethnic composition of the service population.

AIMS also tracks utilization by service population in proportion to the population in the State. When data indicates that a particular minority group is not utilizing a service in ratio to the population, the State agency instructs the area agency to initiate corrective action.

Two significant barriers which have been identified are the lack of adequate transportation and a need for greater cultural sensitivity in the delivery of services. Language, in and of itself, does not present a major difficulty. It is more important that the service provider demonstrate an understanding of native traditions and styles of communication.

The need for transportation, a barrier to the older population generally, is especially acute for older Hawaiian Natives. For example, Molokai has no public transportation service. Vans are shared by many social service agencies and scheduling transportation to the one meal site is difficult. On the island of Hawaii—which is 4,038 square miles and is the largest of the Hawaiian Islands—some of the older Hawaiian Natives live in remote and isolated communities. Getting to Milolii, a coastal fishing village, necessitates a 5-mile drive off the main road. On Maui, the second largest island, transportation is also a formidible barrier as older Hawiian Natives often live in isolated regions far from meal sites.

The most significant problem of older Hawaiian Natives is poor health. Native Hawaiians have the shortest life expectancy of all racial/ethnic groups reported on in Hawaii. They have higher mortality rates than the rest of the State's population from heart disease, arteriosclerotic heart disease, hypertensive heart disease, cancer, and diabetes mellitus. Also, older Hawaiian Natives had the highest activity-of-daily-living impairments. Compared to other ethnic groups, Native Hawaiians are more frequently confined to bed in a hospital or home.

Mental health is also a problem among this population. Compared to the other ethnic groups, suicide rates are highest among Native Hawaiian men.

The effect of physical and mental health problems is that this population is less able to utilize services available to the community at large. This compounds the isolation and creates additional issues service providers must consider when planning utilization of Older Americans Act resources for older Hawaiian Natives.

The results of the evaluation of the adequacy of outreach efforts to older Native Hawaiians under Title III of the Older Americans Act indicate that this population has special needs. The programmatic implications are that service providers need to be cognizant of these needs when planning for an implementing programs for older Native Hawaiians.

### INDIAN TASK FORCE RECOMMENDATIONS

The 1987 Amendments to the Older Americans Act requires the establishment of a permanent Federal interagency task force on the welfare of older Indians. Plans for implementation of the task force have been prepared pending approval of organizational arrangements for the proposed Office for American Indian, Alaskan Native and Native Hawaiian Programs. In addition, the Administration on Aging has begun to make contact with and develop relationships with staff of those Federal departments and agencies that are currently focused on the welfare of older Indians.

The task force will consist of representatives of departments and agencies of the Federal Government with an interest in older Indians and their welfare. To be chaired by the Associate Commissioner on American Indian, Alaskan Native, and Native Hawaiian Aging, the task force is charged with making recommendations to facilitate the coordination and improvement of services to Indian elders. These recommendations will be given to the Commissioner on Aging semi-annually for the Commissioner's consideration and inclusion in the Administration on Aging's Annual Report to the Congress.

## SECTION IV: AoA DISCRETIONARY PROGRAMS

### TITLE IV-A, EDUCATION AND TRAINING

Title IV-A, Sections 410 and 411 of the Older Americans Act authorize the award of grants and contracts to assist in recruiting persons, including minorities, to enter the field of aging; to train professional and paraprofessional persons employed in or preparing for employment in fields having an impact on the aging; and to provide technical assistance and other activities related to training.

The primary objective of the education and training program is to improve the quality of service and to help meet critical shortages of adequately trained personnel for programs in the field of aging. Specifically, activities supported under this program support several of the AoA Objectives for fiscal year 1988 (please see Section I above). These Objectives are:

—Promoting State and Community Leadership.
—Providing a Range of Options.

—Targeting Resources to the Vulnerable Elderly.
—Assuring Collaborative Decision-Making.

### *1. Promoting State and Community Leadership*

A wide array of education and training projects are keyed to the AoA Objective of promoting State and community leadership. They endeavor to meet the need for qualified individuals to assume leadership roles in developing and implementing responsive community-based systems of care for the elderly.

In fiscal year 1988, AoA awarded 46 new grants in four training areas. A brief description of some of the major activities which these projects will undertake is presented below.

*a. Career Preparation/Aging Content in Professional Academic Training.*—Seventeen grants were awarded to academic institutions and national professional organizations to develop curricula and conduct training activities for professionals and paraprofessionals who are preparing for employment in occupations that significantly impact on the elderly population. Occupations represented in these career preparation projects include physical therapists, counselors, optometrists, social workers, physicians, home economists, dentists and pharmacists.

Examples of the types of projects funded are: (1) a project to develop curriculum materials to train dental hygienists and improve the geriatric education provided at school of Dental Hygiene; and (2) a project that will develop and implement a gerontological focus in the training of pharmacy students.

*b. State-wide and Short-Term Training.*—In fiscal year 1988 14 statewide grants were awarded to State Agencies on Aging, academic institutions, and national aging and professional organizations to develop and conduct training activities for persons currently employed in occupations serving the elderly. Occupational groups represented in these continuing education and in-service training projects include hospital discharge planners, social workers, home health and nurses aides, ministers, nursing home administrators, residential care managers, physicians, dentists and pharmacists.

Examples of the types of projects funded are: (1) development and implementation of a workshop training program for nurses aides working in long term care facilities in Arizona on the care of Alzheimer's Disease patients; and (2) development and implementation of a curriculum to be used at workshops in North Carolina to train 300 hospital discharge planners on the role of the supportive services of the aging network.

*c. National Projects to Improve Accreditation Requirements in Aging.*—Four grants were awarded to national professional organizations to develop programs whose primary focus was on improving the instructional content in gerontology and aging-related knowledge and skills in recognizing professions, fields, or skilled occupations. The professions, fields and skilled occupations represented in these accreditation projects include homemaker-home health aides, physical therapists, social workers, nurses, and counselors.

One project will develop a national certification program and train homemaker-home health aides; another will develop and implement a program to enhance the preparation of physical therapists and physical therapists assistants so that they will be better prepared to address the health care needs, the chronic physical problems, and other limitations associated with increasing age. A third project will develop and implement a program to (1) improve the quality of education and training programs that prepare professionals to work in the field of aging; and (2) develop model processes for the incorporation of curricular and programmatic standards for gerontology education into the accreditation, liscensure, certification, and degree programs of selected professions. The goal of the fourth project is to establish a nationally accepted statement of minimum knowledge and skill requirements in gerontological counseling.

*d. Minority Training and Development.*—Ten grants were awarded to stimulate opportunities for training and the employment of minorities for management positions in the aging network. Five of these grants were awarded to academic institutions, two to National Hispanic Aging Organizations, one to a State Office on Aging, one to an Area Agency on Aging, and to a statewide association of Area Agencies on Aging. This represents a total of 102 trainees to be placed in State and Area Agencies on Aging and social agencies serving the elderly for administrative and managerial training. At the completion of the training period the trainee is expected to be hired in an administrative or managerial position by the host agency. If employment is not available in the host agency, the trainee will be assisted by the host agency and the grantee in locating employment in the aging network.

One grant was awarded to Three Feathers Associates to conduct a training program for Directors of Title VI programs. This grant will increase the program management capacities of the Title VI Directors and provide recognition for their role within the aging network.

### *2. Providing a Range of Options*

*a. Small Business Innovation Research Program.*—The Small Business Innovations Research Program (SBIR) was created in response to The Small Business Innovation Development Act (P.L. 97-219). The legislation is designed to stimulate technological innovation; use small business to meet Federal research and development needs; increase private sector commercialization of innovations derived from Federal research and development; and foster and encourage participation by minority and disadvantaged persons in technological innovation. During Fiscal Year 1988, AoA awarded six contracts under this program. Three contracts were for development of simple, low cost products or devices that could enable older people to perform the tasks of daily living. The other three contracts were for the development and implementation of a service delivery model that combines the use of low technology devices and traditional supportive services to effect greater independence by frail but mentally alert older persons.

*b. Aging Health Promotion: Education for Self Care.*—Thirteen projects were awarded for projects to educated older persons for better self care. Nine of these awards were made to public and private institutions of higher education with the capacities set forth in section 422(a)2 of the Older Americans Act. The remaining four awards (totaling over $1.2 million) were made to State Agencies on Aging and private nonprofit organizations. The purpose of these projects is to design and develop prototype health education and promotion programs for adoption by States and their Area Agencies on Aging.

### *3. Targeting Resources to the Vulnerable Elderly*

*a. Aging Health Promotion: Indian Alcoholism.*—Three grants were awarded to Indian tribes to encourage the development of programs aimed at prevention alcoholism among older Indians and the development of supportive services for older Indians and their families who have problems with alcohol. In addition to public education for prevention and recognition of alcohol problems among older Indians, the tribes are encouraged to develop programs in which older Indians can serve as role models to tribal youth.

### *4. Assuring Collaborative Decision Making*

*a. Aging Health Promotion: Prevention of Fire and Smoke Related Injuries and Deaths.*—Four projects were funded which focus on two aspects of improving inhome fire safety for older persons: (1) public education and (2) programs to assist older persons to make necessary modifications to their living environment to minimize the risk of fires. These projects will serve to assist older persons and their families to become more aware of some of the in-home hazards which lead to fires and also assist public agencies responsible for fire fighting and evacuation to be more aware of some of the special needs of older persons.

*b. Title IV-B, Research and Demonstration Projects.*—Title IV-B of the Older Americans Act authorizes funding for research and demonstration projects to identify, assess and demonstrate new approaches and methods to improve the well-being and independence of older persons. The primary objective of AoA-supported research and demonstration projects is to assist in establishing, in every community of the Nation, a comprehensive system of community services that responds to the talents and needs of older persons. To that end, AoA-supported research is aimed at developing new knowledge that will increase the capacity of State and local agencies, in both the public and private sectors, to assist older persons in achieving and maintaining economic and personal independence. AoA-funded demonstration projects seek to test new models, systems and approaches for planning and organizing effective comprehensive services delivery systems.

Several of the AoA National Objectives for Fiscal Year 1988 (please see Section I above) constituted the organizing framework for AoA's research and demonstration initiatives in Fiscal Year 1988. These objectives are:

—Promoting State and Community Leadership.
—Providing a Range of Options.
—Targeting Resources to the Vulnerable Elderly.
—Assuring Collaborative Decision-Making.

New research and demonstration projects are grouped in headings under these four AoA National Objectives and highlighted below. The final part of this account reports on continuation awards made in Fiscal Year 1988 for ongoing research and demonstration projects.

### *1. Promoting State and Community Leadership*

*a. Field Initiated Research on Community Based Systems of Care.*—Under the Fiscal Year 1988 Discretionary Funds Program, AoA made six awards to develop an information and knowledge base on community based service systems. These research projects will analyze current examples of planning and decisionmaking to determine those models which have been effective in developing comprehensive and coordinated systems of services for older persons. As a result, Aging Agencies at both the State and community levels should better understand what resources and abilities are required to exercise their leadership responsibilities.

Three projects will employ different approaches and look at different communities in assessing models for organizing and implementing community based systems of care. A fourth project will compare and contrast alternative methods of staffing and providing services to victims of elder abuse. Another project will examine models of State-level long term care insurance programs, including a determination of whether it is feasible to include coverage for home and community care services. The sixth project will conduct analyses resulting in a guidebook for use by States and localities in understanding the critical stages in developing community based systems of care.

*b. State Agency on Aging Leadership Roles for Elderly Housing.*—Housing is a critical issue facing the Nation's low to moderate income elderly. States and communities need to develop strategies to respond to the pressing need for adequate, appropriate, and affordable housing facing these groups. In response to this need, the Administration on Aging recently funded a series of three grants designed to demonstrate effective models that will assist State Agencies on Aging, and through them Area Agencies on Aging, to exert more effective leadership in the housing area.

Two outcomes are expected from these projects. One is a demonstration of effective models for State Agencies on Aging at the State level to influence the variety of State actions that impact the cost, volume and types of elderly housing produced. The other outcome is the development of effective roles for State Agencies on Aging in working with their Area Agencies on Aging to assist them in the development of comprehensive community based housing plans in several communities across the State.

The Illinois Department on Aging will establish the Illinois Housing Leadership Network as a system for housing planning coordinated by the State Unit on Aging and operated at the local level by Area Agencies on Aging. The project will develop and evaluate a participatory process for local housing planning which is routinely incorporated into statewide planning and initiate improvements in State legislation, regulation and coordination to increase housing alternatives for the elderly. The project will operate in an area comprised of 16 urban to rural counties.

The West Virginia Commission on Aging, in conjunction with the West Virginia Housing Development Fund, is coordinating a State initiative that will concentrate on developing a range of housing alternatives which are supported by services that reinforce independent living. The major emphasis for the project is on rural models. Activities include creation of a State level structure involving housing and social support agencies, design and implementation of a financing package to support development of new or modified housing options, a coordinated supportive service package for reinforcing various housing alternatives, and a statewide training program.

The North Carolina Department of Human Resources, Division of Aging, working with the North Carolina Housing Finance Agency and area Agencies on Aging, will implement a program to improve existing housing stock and increase housing options in rural areas. The project will develop housing options through adaptive reuse of existing structures, enhance existing home repair programs through the leveraging of State and Federal funds, and develop demonstration home equity conversion programs.

### *2. Providing a Range of Options*

*a. Legal Assistance for Older Persons*—(1) *National Legal Assistance Support Projects.*—Legal assistance is an important means whereby older persons gain access to the range of opportunities and benefits available through their community service systems. State and Area Agencies on Aging are responsible for coordinating legal service programs developed by local legal providers that give legal advice, consultation and related services to older persons, and thereby expand their range of options in leading independent and rewarding lives. The Administration on Aging has awarded six grants to provide national support to State and Area Agencies on Aging, legal services developers, and legal assistance providers for older persons.

These projects are designed to make legal assistance more available to older persons—especially those with the greatest economic and social needs—and to coordinate legal assistance programs with the supportive services provided under Title III of the Older Americans Act. The grantees provide substantive case consultation and training in areas of the law of special importance to older persons. By funding these national legal assistance support projects, AoA helps to ensure that lawyers, paralegals, and others have the resources available to provide effective, high quality legal assistance to older persons in need.

(2) *State/Community Level Legal Assistance Demonstration Project.*—The Administration on Aging made four new grant awards in fiscal year 1988 for demonstration projects to expand or improve the delivery of legal assistance to older individuals. Two grants demonstrate the use of less restrictive alternatives in guardsmanship cases. The third project will test the feasibility of delivery legal assistance to homebound, rural older persons through a network of volunteer seniors and pro bono attorneys. The fourth project is employing a needs assessment to improve its statewide system of using lay advocates in each county aging unit to provide legal assistance to older persons.

*b. Quality Assurance for In-Home Supportive Services.*—There has been a rapid increase in the need for and use of home care services by our aging society. Home care services bring enhanced opportunities for the elderly to live longer and independently in their communities. The recent proliferation of providers, however, has heightened concern about the quality of care and the well-being and safety of older persons.

To demonstrate ways of assuring higher standards of quality of in-home supportive services for older persons, the Administration on Aging awarded grants to 12 State Agencies on Aging. These projects will develop new models of quality assurance systems for in-home supportive services which will be suitable for Statewide implementation.

Some salient elements of these models are: intermediate sanctions to address substandard providers; consumer education and consumer feedback; regulatory requirements, liscensure/sanctions; focus on prevention; use of long term care ombudsmen; volunteers as mediators; and self-advocacy.

Some projects especially target minorities, or low-income, rural or isolated older people and some encompass caregivers as well as frail elderly. Innovative approaches to training are featured, such as a model apprenticeship program for paraprofessional home care workers. Most of these models will establish linkages to relevant agencies. The general outcome of this cluster of projects should be responsive community systems to help ensure quality in-home services for older people who are trying to maintain their independence in the community.

### *3. Targeting Resources to the Vulnerable Elderly*

*a. Research on Native American Aging.*—The Administration on Aging (AoA) has made five awards for applied research on the status and conditions of Native Americans and Native Hawaiians. The aim of these research projects is to develop state of the art data which will give the Administration on Aging, and other appropriate agencies and organizations, a clearer understanding of the needs of older Native Americans as well as more insight into how resources can be better targeted to this minority aging population. The types of data on older Native Americans to be analyzed during this initial stage of research include, but are not limited to: demographic information; health and housing conditions; social and economic status; and the availability and accessibility of supportive services.

*b. Improving Targeting of Services to the Vulnerable Elderly.*—Three awards were made to national minority organizations to mobilize community resources in providing a continuum of care for vulnerable older persons and to help them live as independently as possible. (1) Health programs will be developed for Hispanic elderly. (2) The capacity of Black elected officials to collaborate with the Aging Network will be enhanced in order to increase Black elderly participation in programs for the elderly. (3) Training, technical assistance and information about Native American elderly will be provided to aging network agencies in order to improve the availability and accessibility of services. In addition, a current grant has been extended to provide organizational support designed to assist Pacific/Asian elderly.

### *4. Assuring Collaborative Decision-Making*

*a. Alzheimer's Disease Program Activities.*—In fiscal year 1988 AoA in collaboration with NIA signed an Interagency Agreement that has enabled the agencies to jointly develop and implement a program to support State-of-the-Art Conferences that focus on AD caregiver support. The program was announced to all NIA sponsored Alzheimer's Disease Research Centers (ADRC), and, as a result of this grants competition, AoA has provided support for 14 conferences to be implemented by 8 ADRC's for a total cost of $599,874 in fiscal year 1988. These conferences will provide training and information about current practices in caregiving support for families of AD patients to a number of different target groups including State and Area Agencies on Aging, aging services providers, primary care and geriatric physicians, researchers, nurses, social workers, case managers, as well as policymakers and planners. An attachment describes the nature of this joint AoA-NIA Alzheimer's Disease program initiative.

AoA is also collaborating with other organizations. In fiscal year 1988 AoA, the Robert Wood Johnson Foundation (RWJF), and the Alzheimer's Disease and Related Disorders Association (ADRDA) entered into a public-private partnership to help AD victims and their families throughout the Nation. The focus of these joint efforts is the Dementia Care and Respite Services Program, a $7.25 million demonstration that will take place over the next 4 years. The program is intended to demonstrate that nonprofit day centers can provide financially viable day programs and other respite and health-related services needed by people with dementia and their caregivers. The program will consist of 19 new RWJF funded projects, 9 of which are co-funded with AoA (at a cost to AoA of $625,000), and 9 of which are co-funded with ADRDA.

### *5. Other Projects*

In fiscal year 1988, AoA made continuation awards to several research and demonstration projects, which are summarized below:

(a) *Alzheimer's Disease.*—AoA made continuation awards to four State Agencies on Aging to increase their leadership capacity for making technical support and expert training available to organizations in the State that serve Alzheimer's Disease victims and their families. In addition, AoA provided continuation funding to a project which is synthesizing current practices in caregiving support for families of Alzheimer's Disease victims.

(b) *Targeting to the Vulnerable Elderly.*—Several continuation project grants focused on improving service delivery to the vulnerable elderly. One project is aimed at protecting Indian elders from abuse and neglect. A second project is demonstrating a countywide system of services to the functionally impaired elderly. A third project seeks to establish a statewide system of long term care services for frail older persons.

(c) *Housing and Supportive Services.*—Continuation awards were made by AoA to four projects funded in conjunction with the Robert Wood Johnson Foundation. The projects are designed to assist low-income elderly residents of public housing to purchase supportive services. Each project is expected to identify supportive services in a community, expand the availability of nontraditional health and health-related services for the elderly and demonstrate new mechanisms for organizing and financing those services so that they can eventually become self-supporting.

(d) *Preparation for an Aging Society.*—Funds were awarded for the second phase of a project to train local officials in the use of a computer forecasting model. The model will be used to conduct community needs assessments as a basis for developing policy and program initiatives responsive to their older population.

(e) *Transfer of International Innovations.*—Two continuation grants were made to complete projects aimed at transferring innovative international programs in income generation an community in-home services to the United States.

C. *National Leadership Institute on Aging.*—AoA awarded a 3-year cooperative agreement to the University of Colorado at Denver, Graduate School of Public Affairs, to develop and conduct a National Leadership Institute on Aging. The Institute will provide leadership development and training to aging network executives.

The core of the program will be a series of 2 week residential seminars for 30 participants held periodically throughout the year. The seminars are intended to assist aging network executives to examine and develop their leadership styles in order to perform the increasingly complex tasks of recognizing changing needs and conditions in their communities, reconciling divergent policy considerations and coalescing the range of community resources into an integrated system of comprehensive and coordinated services for older persons and their caregivers. The seminars will bypass the traditional management training curriculum which focuses on issues such as personnel management, budget development and principles of supervision. Instead, this unique training experience will attempt to inspire aging network executives to new ways of thinking about their roles as executives in our aging society.

D. *National Aging Resource Centers.*—AoA awarded 11 3-year cooperative agreement awards for the establishment of National Aging Recource Centers. Each Center is national in scope. Six Centers will pursue the issue of the development of comprehensive, community based systems of long-term care for older persons. Five Centers will address other key topical areas of vital concern in the continued development of comprehensive, responsive systems of services to meet the needs of older persons and their families. The Centers will assist State Agencies on Aging and their Area Agencies on Aging, professionals in the field of aging and the public in the further development of accessible and responsive service systems. The Centers will provide training and technical assistance, and serve as sources of current information about their prescribed subject areas. Center staff will provide expert consultation and widespread dissemination of up to date knowledge, including successful models and practices and new concepts and information. The following information provides a description of the 11 Centers:

*National Aging Resource Centers on Long-Term Care.*—(Six Centers): Within the broad area of community based, long-term care system development, each Center will focus on one or more specific topical areas. The Centers are listed below, along with their topical areas:

> *Brandeis University, Bigel Institute for Health Policy,* Waltham, MA, will provide training, technical assistance, short-term research, and dissemination activities for State Agencies on Aging and others relative to the planning and management of community-based systems of services. Specific topic areas will include integrated delivery systems, assessment, Medicaid coordination, home care personnel, and cultural diversity.
>
> *National Center for Senior Living, Heartland Center for Aging,* South Bend, IN, will provide training, technical assistance, short-term research, and dissemination for State Agencies on Aging and others in the area of long-term care data collection and analysis. The Center will be staffed primarily by faculty from the University of Indiana with collaboration from faculty from Purdue University and the University of Notre Dame.
>
> *University of California, Division of Geriatric Medicine,* Los Angeles, CA, will carry out training, technical assistance, short-term research, and dissemination to promote stronger linkages between State Agencies on Aging and other network on aging agencies, hospitals, and residential long-term care facilities. Topic areas will include discharge planning, emergency medical care, day hospitals and respite care, and environmental modification and housing support. The Center will be a collaborative effort between the UCLA Division of Geriatric Medicine and the University of Southern California's Andrus Gerontology Center.
>
> *University of Minnesota, School of Public Health,* Minneapolis, MN, will provide training, technical assistance, short-term research, and dissemination activities for State Agencies on Aging and others relative to improving long-term care decisions made by the elderly, their families, and others working with older persons. The topic areas will include case management, assessment, linkages between community-based and other types of care, and ethical issues.
>
> *University of South Florida, Suncoast Gerontology Center,* Tampa, FL, will provide training, technical assistance, short-term research, and dissemination activities for State Agencies on Aging and others relative to Alzheimer's Disease and other dementias. The Center will focus its assistance efforts on developing effective service programs to deal with the problems of short-term treatment and long-term management of Alzheimer's Disease patients and with the needs of family caregivers.
>
> *National Association of State Units on Aging,* Washington, DC, will provide training, technical assistance, short-term research, and dissemination activities for State Agencies on Aging (State Units on Aging) and others relative to the development of comprehensive community-based long-term care systems. Topic areas will include integration of system components, quality assurance, and linkage of community-based systems with other care systems.

### National Aging Resource Center on Health Promotion and Wellness

*American Association of Retired Persons,* Washington, DC, will serve as a resource to State Agencies on Aging in providing training, technical assistance, information referral and dissemination, and some research efforts to support the health promotion initiatives. One major focus of the National Resources Center on Health Promotion will be working with States to support State Health Promotion Coalitions which bring together the aging and the health networks and to encourage the development of health promotion activities and educational campaigns for older persons at the State and local levels.

### National Aging Resource Center on the Long-Term Care Ombudsman Program

*National Associate of State Units on Aging,* Washington, DC, will provide national technical assistance, training, and information on ombudsman related issues to State Agencies on Aging and their ombudsman programs. It will assist ombudsman programs to protect the rights and assure the dignity of residents in long-term care facilities by: (1) assisting States in developing and managing a Statewide program; (2) expanding capacity of State Agencies on Aging and their ombudsman programs to shape policies related to institution based long-term care; (3) facilitating more effective communication between the State ombudsman program and professional groups serving older persons; (4) promoting exchange of information between the ombudsman program and researchers; (5) examining the effectiveness of the ombudsman program on resolving problems effecting residents of board and care facilities; and (6) examining the effectiveness of the ombudsman program in establishing and managing volunteer components.

### National Aging Resource Center on Elder Abuse

*American Public Welfare Association,* Washington, DC, will serve as a resource base in providing information and assistance relative to elder abuse prevention to States, communities, educational institutions, professionals in the field, and the public. The Center's functions span technical assistance, training, dissemination, and short-term research.

### National Resource Center on Minority Aging

*San Diego State University,* San Diego, CA, will provide a national focus for: consolidating knowledge about the diverse ethnic and racial minority populations; providing consultation, information, and training to agencies and organizations in planning and developing services for these populations; and assuring that comprehensive community systems are responsive to the needs of these special aging groups. Funding of this Center supports implementation of the special language of the 1987 Amendments to the Older Americans Act to assure preference of service provision to those older persons with the greatest social and economic needs.

### National Resource Center on Rural Aging

*University of Missouri at Kansas City,* Kansas City, MO, will carry out technical assistance, training, information dissemination, and short-term research. Its efforts will support States, communities, educational institutions, professionals in the field, and the public in understanding and responding to issues affecting the rural elderly. In particular, the Center will assist State Agencies on Aging in promoting community based systems of services for the rural elderly.

## SECTION V—EVALUATION

Section 206 of the Older Americans Act authorizes evaluation of the impact of programs funded under the Act, including their effectiveness in achieving stated goals. AoA's evaluation program in fiscal year 1988 included the continuation of one project.

This evaluation, entitled "A Short Term Evaluation of the Visibility of Aging Services Systems at the Local Level", studied the strategies for increasing the visibility of aging services at the local level. The overall purpose of this study was to identify successful efforts that have been undertaken to increase public awareness, knowledge, and understanding of aging services at the local level.

The project also examined how these efforts have been implemented, characteristics of State and Area Agencies conducting these activities, State and Area Agencies efforts to strengthen ties among services for older persons, and the impact of increased public awareness on the system of aging services within the community. The final report will be issued during fiscal year 1989.

## APPENDIX I

## FY 1988 BUDGET
## ADMINISTRATION ON AGING

| | |
|---|---|
| Supportive Services and Senior Centers 1/ (amount includes $957,000 for Ombudsman) | $ 269,029,000 |
| Nutrition Services 1/ | |
| Congregate Nutrition Services 2/ | 344,664,000 |
| Home-delivered Nutrition Services | 75,635,000 |
| In Home Services for Frail Older Individuals | 4,787,000 |
| Grants to Indian Tribes | 7,181,000 |
| Training, Research, and Discretionary Projects and Programs | 23,935,000 |
| TOTAL | $ 725,231,000 |

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1/ Up to 10 percent of the funds for Supportive Services and Senior Centers, and for Nutrition Services, may be used for Area Plan Administration.

2/ $75,000 of the funds for Congregate Nutrition Services was used for evaluation.

## APPENDIX II

## FY 1988 TITLE III ALLOTMENTS, AFTER REALLOTMENT

| STATES | PART B SUPPORTIVE SERVICES | PART C-1 CONGREGATE NUTRITION SERVICES | PART C-2 HOME-DELIVERED NUTRITION SERVICES | PART D IN-HOME SERVICES FOR FRAIL OLDER INDIVIDUALS |
|---|---|---|---|---|
| Alabama | 4,337,322 | 5,559,280 | 1,219,551 | 77,067 |
| Alaska | 1,368,744 | 1,759,424 | 384,963 | 24,436 |
| Arizona 1/ | 3,316,971 | 4,253,204 | 932,689 | 58,910 |
| Arkansas | 2,995,373 | 3,841,551 | 842,275 | 53,380 |
| California | 24,794,916 | 31,745,505 | 6,971,025 | 441,283 |
| Colorado | 2,622,196 | 3,363,876 | 737,360 | 46,740 |
| Connecticut | 3,772,795 | 4,821,399 | 1,060,840 | 67,213 |
| Delaware | 1,391,879 | 1,789,038 | 391,467 | 24,657 |
| Dist. of Col. | 1,392,946 | 1,790,404 | 391,767 | 24,867 |
| Florida | 16,569,014 | 21,216,159 | 4,658,378 | 294,713 |
| Georgia | 5,278,583 | 6,764,118 | 1,484,178 | 93,816 |
| Hawaii | 1,407,755 | 1,794,088 | 395,931 | 25,131 |
| Idaho | 1,406,166 | 1,807,326 | 395,484 | 24,911 |
| Illinois | 12,427,410 | 15,914,800 | 3,494,004 | 221,210 |
| Indiana | 5,806,416 | 7,439,759 | 1,632,573 | 103,399 |
| Iowa | 3,664,719 | 4,698,332 | 1,030,455 | 65,099 |
| Kansas | 2,948,649 | 3,781,743 | 829,139 | 52,549 |
| Kentucky | 3,994,758 | 5,105,517 | 1,123,242 | 70,972 |
| Louisiana | 4,041,407 | 5,173,104 | 1,136,204 | 71,911 |
| Maine | 1,441,064 | 1,851,996 | 403,412 | 25,723 |
| Maryland | 4,196,400 | 5,378,897 | 1,178,049 | 74,560 |
| Massachusetts | 7,042,275 | 9,006,417 | 1,980,023 | 125,389 |
| Michigan | 9,237,804 | 11,832,023 | 2,597,276 | 164,456 |
| Minnesota | 4,582,684 | 5,865,952 | 1,288,379 | 81,543 |
| Mississippi | 2,798,483 | 3,589,528 | 786,921 | 49,686 |
| Missouri | 6,085,946 | 7,797,564 | 1,711,161 | 108,182 |
| Montana | 1,401,104 | 1,785,575 | 394,061 | 24,821 |
| Nebraska | 1,980,116 | 2,541,996 | 556,845 | 35,124 |
| Nevada | 1,403,863 | 1,804,378 | 392,954 | 25,061 |
| New Hampshire | 1,410,868 | 1,798,072 | 394,923 | 25,186 |
| New Jersey | 8,749,889 | 11,192,207 | 2,460,103 | 155,774 |
| New Mexico 2/ | 1,398,219 | 1,797,154 | 393,249 | 24,962 |
| New York | 20,871,220 | 26,723,092 | 5,867,903 | 371,265 |
| North Carolina | 6,254,155 | 8,012,876 | 1,758,451 | 111,175 |
| North Dakota | 1,395,649 | 1,793,864 | 392,527 | 24,724 |
| Ohio | 11,743,494 | 15,039,370 | 3,301,728 | 209,041 |
| Oklahoma | 3,647,488 | 4,676,276 | 1,025,611 | 64,984 |
| Oregon | 3,063,861 | 3,913,946 | 861,530 | 54,408 |
| Pennsylvania | 15,295,321 | 19,578,403 | 4,302,020 | 272,159 |
| Rhode Island | 1,421,069 | 1,826,401 | 397,791 | 25,367 |
| South Carolina | 3,089,252 | 3,961,719 | 868,668 | 55,051 |
| South Dakota | 1,400,566 | 1,800,157 | 393,909 | 24,812 |
| Tennessee | 5,103,875 | 6,540,487 | 1,435,060 | 90,707 |
| Texas | 13,866,613 | 17,757,016 | 3,898,623 | 246,819 |
| Utah 2/ | 1,411,198 | 1,813,767 | 396,899 | 25,192 |
| Vermont | 1,386,233 | 1,781,810 | 389,880 | 24,748 |
| Virginia | 5,287,493 | 6,775,524 | 1,486,683 | 94,165 |
| Washington | 4,429,773 | 5,677,620 | 1,245,543 | 78,712 |
| West Virginia | 2,385,510 | 3,045,639 | 670,817 | 42,337 |
| Wisconsin | 5,441,254 | 6,972,342 | 1,529,911 | 96,901 |
| Wyoming | 1,370,658 | 1,754,477 | 385,348 | 24,580 |
| American Samoa | 455,200 | 582,668 | 127,975 | 8,100 |
| Guam | 672,572 | 860,910 | 189,087 | 11,967 |
| Puerto Rico | 2,536,098 | 3,253,667 | 713,154 | 45,017 |
| Trust Territory | 371,109 | 475,028 | 104,335 | 6,608 |
| Virgin Islands | 678,724 | 876,182 | 190,970 | 12,158 |
| Northern Marianas | 183,881 | 235,373 | 51,696 | 3,272 |
| TOTAL | 269,029,000 | 344,589,000 | 75,635,000 | 4,787,000 |

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1/ Includes amounts transferred for administering the interstate planning and service area from New Mexico and Utah.

2/ Amounts reflect transfer to Arizona for interstate planning and service area.

## APPENDIX III

### FY 1988 TITLE III ALLOTMENTS, AFTER TRANSFERS

| STATES | PART B SUPPORTIVE SERVICES | PART C-1 CONGREGATE NUTRITION SERVICES | PART C-2 HOME-DELIVERED NUTRITION SERVICES | PART D IN-HOME SERVICES FOR FRAIL OLDER INDIVIDUALS |
|---|---|---|---|---|
| Alabama | 4,269,807 | 5,377,749 | 1,468,597 | 77,067 |
| Alaska | 1,685,517 | 1,511,210 | 316,404 | 24,245 |
| Arizona 1/ | 4,316,971 | 3,003,204 | 1,182,689 | 58,349 |
| Arkansas | 3,335,843 | 2,997,321 | 1,346,035 | 53,189 |
| California | 26,851,174 | 27,602,236 | 9,058,036 | 441,081 |
| Colorado | 3,104,899 | 2,465,525 | 1,153,008 | 46,549 |
| Connecticut | 3,609,285 | 3,988,505 | 2,057,244 | 67,022 |
| Delaware | 1,270,851 | 1,557,900 | 743,633 | 24,657 |
| Dist. of Col. | 1,715,862 | 1,467,488 | 391,767 | 24,676 |
| Florida | 19,709,574 | 16,115,173 | 6,618,804 | 294,713 |
| Georgia | 5,278,583 | 6,764,118 | 1,484,178 | 93,816 |
| Hawaii | 1,841,322 | 1,227,717 | 528,735 | 24,940 |
| Idaho | 1,581,852 | 1,483,853 | 543,271 | 24,911 |
| Illinois | 15,027,410 | 11,814,800 | 4,994,004 | 221,019 |
| Indiana | 5,806,416 | 6,163,501 | 2,908,831 | 103,208 |
| Iowa | 3,664,719 | 4,591,578 | 1,137,209 | 65,099 |
| Kansas | 2,948,649 | 3,623,109 | 987,773 | 52,358 |
| Kentucky | 4,148,221 | 4,342,998 | 1,732,298 | 70,972 |
| Louisiana | 4,637,754 | 4,442,590 | 1,270,371 | 71,911 |
| Maine | 1,441,064 | 1,146,552 | 1,108,856 | 25,532 |
| Maryland | 4,334,551 | 5,291,922 | 1,126,873 | 74,560 |
| Massachusetts | 7,042,275 | 6,591,864 | 4,394,576 | 125,198 |
| Michigan | 9,539,404 | 10,349,387 | 3,778,312 | 164,265 |
| Minnesota | 4,840,994 | 5,233,652 | 1,662,369 | 81,543 |
| Mississippi | 3,758,723 | 2,017,752 | 1,398,457 | 49,686 |
| Missouri | 6,151,418 | 6,109,909 | 3,333,344 | 108,182 |
| Montana | 1,412,722 | 1,568,872 | 599,146 | 24,821 |
| Nebraska | 2,160,116 | 2,411,996 | 506,845 | 35,124 |
| Nevada | 1,394,067 | 1,684,367 | 522,761 | 24,870 |
| New Hampshire | 1,560,868 | 1,169,594 | 873,401 | 24,995 |
| New Jersey | 9,468,031 | 10,052,161 | 2,882,007 | 155,583 |
| New Mexico 2/ | 1,398,219 | 1,797,154 | 393,249 | 25,232 |
| New York | 21,617,790 | 23,307,925 | 8,536,500 | 371,265 |
| North Carolina | 9,185,552 | 5,343,198 | 1,496,732 | 111,175 |
| North Dakota | 1,337,968 | 1,577,373 | 666,699 | 24,724 |
| Ohio | 12,940,269 | 12,947,211 | 4,197,112 | 208,850 |
| Oklahoma | 3,647,488 | 4,676,276 | 1,025,611 | 64,793 |
| Oregon | 3,895,339 | 2,582,293 | 1,361,705 | 54,408 |
| Pennsylvania | 18,295,321 | 16,078,403 | 4,802,020 | 272,159 |
| Rhode Island | 1,421,069 | 1,815,942 | 408,250 | 25,176 |
| South Carolina | 3,496,412 | 3,278,749 | 1,144,478 | 54,860 |
| South Dakota | 1,400,566 | 1,740,157 | 453,909 | 24,812 |
| Tennessee | 5,526,594 | 4,441,691 | 3,111,137 | 90,707 |
| Texas | 14,082,079 | 16,386,306 | 5,053,867 | 246,628 |
| Utah 2/ | 1,481,647 | 1,486,526 | 653,691 | 25,101 |
| Vermont | 1,607,385 | 1,164,261 | 786,277 | 24,557 |
| Virginia | 7,022,556 | 4,024,132 | 2,503,012 | 93,974 |
| Washington | 4,953,473 | 4,206,380 | 2,193,083 | 78,712 |
| West Virginia | 2,570,170 | 2,288,783 | 1,243,013 | 42,337 |
| Wisconsin | 5,542,492 | 6,871,104 | 1,529,911 | 96,710 |
| Wyoming | 1,370,658 | 1,604,477 | 535,348 | 24,389 |
| American Samoa | 455,200 | 582,668 | 127,975 | 8,100 |
| Guam | 727,822 | 805,660 | 189,087 | 11,967 |
| Puerto Rico | 2,605,038 | 3,134,412 | 763,469 | 45,017 |
| Trust Territory | 371,109 | 475,028 | 104,335 | 11,967 |
| Virgin Islands | 678,724 | 876,182 | 190,970 | 11,967 |
| Northern Marianas | 183,881 | 235,373 | 51,696 | 3,272 |
| TOTAL | $295,723,763 | $287,896,267 | $105,632,970 | $4,787,000 |

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1/ Includes amounts transferred for administering the interstate planning and service area from New Mexico and Utah.

2/ Amounts reflect transfer to Arizona for interstate planning and service area.

APPENDIX IV

## NATIONAL SUMMARY OF TITLE III (OAA) PROGRAM DATA FOR FY'86-87

PAGE 1 OF 3 FINAL DATA AS OF 06/01/88

### PERSONS SERVED BY PROGRAM PART

| | | FY'86 | | FY'87 | |
|---|---|---|---|---|---|
| **III-B SUPPORT.SERVICES** | | | | | |
| TOTAL PERSONS | = | 8,976,112 | | 8,596,509 | |
| POOR | = | 3,843,795 | (43 %) | 3,615,283 | (42 %) |
| MINORITY | = | 1,460,403 | (16 %) | 1,337,445 | (16 %) |
| INDIAN | = | 43,318 | ( .5 %) | 39,306 | ( .5 %) |
| ASIAN | = | 116,530 | ( 1.3 %) | 102,182 | ( 1.2 %) |
| BLACK | = | 917,003 | (10.2 %) | 901,292 | (10.5 %) |
| HISPANIC | = | 377,048 | ( 4.2 %) | 293,924 | ( 3.4 %) |
| **III-C1 CONGREGATE** | | | | | |
| TOTAL PERSONS | = | 2,853,953 | | 2,793,009 | |
| POOR | = | 1,312,195 | (33 %) | 1,449,349 | (32 %) |
| MINORITY | = | 470,017 | (16 %) | 451,063 | (16 %) |
| INDIAN | = | 31,251 | ( 1.1 %) | 29,438 | ( 1.1 %) |
| ASIAN | = | 44,400 | ( 1.6 %) | 48,145 | ( 1.7 %) |
| BLACK | = | 275,147 | ( 9.6 %) | 252,320 | ( 9.0 %) |
| HISPANIC | = | 119,227 | ( 4.2 %) | 118,003 | ( 4.2 %) |
| **III-C2 INHOME** | | | | | |
| TOTAL PERSONS | = | 671,496 | | 729,301 | |
| POOR | = | 415,702 | (62 %) | 445,239 | (61 %) |
| MINORITY | = | 113,069 | (17 %) | 134,319 | (18 %) |
| INDIAN | = | 6,643 | ( 1.0 %) | 7,997 | ( 1.1 %) |
| * ASIAN | = | 5,238 | ( .8 %) | 16,841 | ( 2.3 %) |
| BLACK | = | 78,198 | (11.6 %) | 85,159 | (11.7 %) |
| HISPANIC | = | 22,202 | ( 3.3 %) | 24,322 | ( 3.3 %) |

### NUMBER OF MEALS

| | | FY'86 | | FY'87 | |
|---|---|---|---|---|---|
| TOTAL CONGREGATE | = | 149,125,454 | | 146,704,509 | |
| TOTAL IN-HOME* | = | 79,826,587 | (35%) | 85,961,909 | (37%) |
| TOTAL MEALS | = | 228,952,041 | | 232,666,418 | |

* FY'87 INCREASE IN ASIANS IS DUE TO INCLUSION OF MORE PERSONS IN THE RECONSTITUTED JURISDICTIONS OF THE FORMER PACIFIC TRUST TERRITORY.

### ADDITIONAL DATA FOR TITLE III-B SUPPORTIVE SERVICES

PERSONS SERVED

| | | FY'86 | FY'87 |
|---|---|---|---|
| **ACCESS** | | | |
| TRANSPORTATION | = | 6,588,385 | 6,202,191 |
| OUTREACH | = | 2,264,174 | 1,980,592 |
| INFO./REFERRAL | = | 5,412,839 | 5,127,571 |
| OTHER | = | 1,696,109 | 1,745,880 |
| **IN-HOME** | | | |
| HOME MAKER | = | 736,342 | 685,745 |
| HOME HEALTH AID | = | 148,850 | 151,220 |
| VISIT/ASSURANCE | = | 998,601 | 866,720 |
| CHORE | = | 253,981 | 190,114 |
| OTHER | = | 335,388 | 283,628 |

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COMMUNITY
---------
LEGAL                 =         506,025            458,356
ESCORT                =         284,347            179,029
REPAIR/RENOVATION     =          62,248             67,923
HEALTH                =       1,192,563          1,028,236
OTHER                 =      10,449,776          9,716,311

PERSONS IN FACILITIES =         440,685            514,424


SENIOR CENTERS/FOCAL POINTS
***************************

TOTAL SENIOR CENTERS FUNDED
FOR ACQUISITION/ALTERATION =       2,386              3,047

TOTAL FOCAL POINTS         =       7,597              8,363

=====================================================================

          =================================================
          ADDITIONAL DATA FOR TITLE III-C NUTRITION SERVICES
          =================================================

  STAFFING                           FY'86                FY'87
  ********                           -----                -----

  CONGREGATE PAID STAFF   =         26,088               26,900
  CONGREGATE VOLUNTEERS   =        225,567              217,452

  IN-HOME PAID STAFF      =         16,849               17,249
  IN-HOME VOLUNTEERS      =        125,026              134,267

  SITES/PROVIDERS
  ***************

  TOTAL CONGREGATE SITES  =         14,772               15,087
  TOTAL IN-HOME PROVIDERS =          3,644                3,988

        ===================================================
                    OTHER TITLE III PROGRAM DATA
        ===================================================

 STATE AGENCY PAID STAFF  =          2,011                2,164

 NUMBER OF AREA AGENCIES  =            659                  664

 AREA AGENCY PAID STAFF   =         12,242               12,308
 AREA AGENCY VOLUNTEERS   =         67,498               67,424

 TOTAL NON-TITLE III
 FUNDS POOLED             =  1,066,314,739        1,186,612,718

   FEDERAL SOURCES        =    401,516,427          619,589,155
   STATE SOURCES          =    413,805,838          685,437,141
   LOCAL SOURCES          =    249,403,969          281,586,422

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## APPENDIX V

## "Number of Older Indians Eligible under Title VI of the Older Americans Act And Title VI Funds Awarded, Fiscal Year 1988"

This table shows the number of older Indians eligible for services under Title VI, and the Federal funds granted to each tribal organization in Fiscal Year 1988.

Persons eligible for Title VI services are tribal members over age 60 living in the Tribe's Title VI service area, and members under age 60 if the Tribe has selected a younger age for "older Indian." The Older Americans Act Amendments of 1981 allowed Tribes to set a younger age for "older Indian" if considered appropriate for their Tribe.

The numbers in the column entitled "Survey 9/87, Over 60" are the numbers of tribal members age 60 years or over as reported by the applicant tribal organizations in their applications in the fall of 1987, living in the Title VI service area, and were the numbers used in allocating Fiscal Year 1988 funds among tribal organizations. The grants were effective April 1, 1988; the amounts are shown in the last column.

In May 1988 an additional survey was made to learn the number of "older Indians" under age 60, living in the Title VI service area, who were over the age established by the Tribe for "older Indian."

In the next two columns the numbers over age 60 and under age 60 are shown; in many cases the Tribe changed its number over 60 between September 1987 and May 1988. However, the grant was determined by the number over age 60 in the September survey.

Spouses of eligible tribal members, even if they would not be eligible themselves, may be served meals. Numbers of spouses are not included in the table.

The grant amounts were arranged in six groups, according to the number of members over age 60, as follows:

| Number Over Age 60 | Amount |
|---|---|
| 60 - 100 | $38,000 |
| 101 - 200 | 46,422 |
| 201 - 300 | 54,844 |
| 301 - 400 | 63,266 |
| 401 - 500 | 71,688 |
| 501 up | 80,110 |

## APPENDIX V

ADMINISTRATION ON AGING

Number of Older Indians Eligible under
Title VI of the Older Americans Act,
Fiscal Year 1988

9-1-88

| REGION AND STATE | GRANT NUMBER 90AI | TRIBAL ORGANIZATION | NUMBER OF OLDER INDIANS IN EACH AGE GROUP: Survey 9/87 Over 60 | Survey May 1988 Over 60 | Survey May 1988 Under 60 | Survey May 1988 TOTAL | Tribe's Selected Age of 'Older Indian' | FEDERAL FUNDS FY 1988 |
|---|---|---|---|---|---|---|---|---|
| | | USA GRAND TOTALS .................................... | 45628 | 45007 | 11898 | 56905 | | $7,181,00 |
| I ME | 0609 | Penobscot Indian Nation | 67 | 64 | 0 | 64 | 60 | $ 38,000 |
| | 0610 | Passamaquoddy Tribe | 95 | 73 | 994 | 1067 | 55 | $ 38,000 |
| | | STATE OF ME SUBTOTAL 2 TRIBES | 162 | 137 | 994 | 1131 | | $ 76,000 |
| | | REGION I SUBTOTAL 2 TRIBES | 162 | 137 | 994 | 1131 | | $ 76,000 |
| IV AL | 0607 | Poarch Band of Creek Indians | 177 | 177 | 0 | 177 | 60 | $ 46,422 |
| | | STATE OF AL SUBTOTAL 1 TRIBES | 177 | 177 | 0 | 177 | | $ 46,422 |
| MS | 0537 | Mississippi Band of Choctaw Indians | 284 | 284 | 0 | 284 | 60 | $ 54,844 |
| | | STATE OF MS SUBTOTAL 1 TRIBES | 284 | 284 | 0 | 284 | | $ 54,844 |
| NC | 0534 | Eastern Band of Cherokee Indians | 958 | 958 | 0 | 958 | 60 | $ 80,110 |
| | | STATE OF NC SUBTOTAL 1 TRIBES | 958 | 958 | 0 | 958 | | $ 80,110 |
| | | REGION IV SUBTOTAL 3 TRIBES | 1419 | 1419 | 0 | 1419 | | $ 181,376 |
| V MI | 0558 | Keweenaw Bay Indian Community | 90 | 108 | 200 | 308 | 55 | $ 38,000 |
| | 0560 | Sault Ste. Marie Tribe of Chippewa Indians | 721 | 640 | 137 | 777 | 55 | $ 80,110 |
| | 0567 | Grand Traverse Band of Ottawa and Chippewa Indians | 98 | 98 | 34 | 132 | 55 | $ 38,000 |
| | 0570 | Inter-Tribal Council of Michigan | 60 | 111 | 62 | 173 | 55 | $ 38,000 |
| | | STATE OF MI SUBTOTAL 4 TRIBES | 969 | 957 | 433 | 1390 | | $ 194,110 |
| MN | 0522 | Mille Lacs Band of Chippewa Indians | 86 | 81 | 41 | 122 | 55 | $ 38,000 |
| | 0523 | Minnesota Chippewa Tribe | 225 | 225 | 160 | 385 | 50 | $ 54,844 |
| | 0535 | Fond du Lac Reservation Business Committee | 549 | 200 | 349 | 549 | 52 | $ 80,110 |
| | 0536 | Red Lake Band of Chippewa Indians | 121 | 326 | 104 | 430 | 55 | $ 46,422 |
| | 0557 | Lower Sioux Indian Community | 64 | 64 | 0 | 64 | 60 | $ 38,000 |
| | | STATE OF MN SUBTOTAL 5 TRIBES | 1045 | 896 | 654 | 1550 | | $ 257,376 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | WI | 0559 | Menominee Indian Tribe of Wisconsin | 310 | 401 | 120 | 529 | 55 | $ 63,266 |
| | | 0561 | Lac du Flambeau Band of Lake Superior Chippewa Indians | 104 | 92 | 53 | 145 | 55 | $ 46,422 |
| | | 0562 | Wisconsin Winnebago Business Committee | 132 | 314 | 0 | 314 | 60 | $ 46,422 |
| | | 0563 | Red Cliff Band of Lake Superior Chippewa | 104 | 131 | 18 | 149 | 55 | $ 46,422 |
| | | 0564 | Oneida Tribe of Indians of Wisconsin | 73 | 560 | 112 | 672 | 55 | $ 38,000 |
| | | 0565 | Lac Courte Oreilles | 86 | 85 | 60 | 145 | 50 | $ 38,000 |
| | | 0566 | Bad River Band of Lake Superior Chippewa Indians | 76 | 73 | 24 | 97 | 55 | $ 38,000 |
| | | 0568 | Stockbridge-Munsee Community | 260 | 135 | 67 | 202 | 55 | $ 54,844 |
| | | 0569 | St. Croix Tribal Council | 98 | 98 | 0 | 98 | 60 | $ 38,000 |
| | | | STATE OF WI SUBTOTAL 9 TRIBES | 1243 | 1089 | 462 | 2351 | | $ 409,376 |
| | | | REGION V SUBTOTAL 18 TRIBES | 3257 | 3742 | 1549 | 5291 | | $ 840,862 |
| VI | LA | 0606 | Institute for Indian Development | 75 | 93 | 0 | 93 | 60 | $ 38,0[illegible] |
| | | | STATE OF LA SUBTOTAL 1 TRIBES | 75 | 93 | 0 | 93 | | $ 38,000 |
| | NM | 0571 | Pueblo of San Felipe | 116 | 137 | 0 | 137 | 60 | $ 46,422 |
| | | 0573 | Pueblo of Isleta | 334 | 360 | 0 | 360 | 60 | $ 63,266 |
| | | 0574 | Laguna Rainbow Corporation | 442 | 442 | 0 | 442 | 60 | $ [illegible] |
| | | 0575 | Pueblo of Jemez | 147 | 192 | 0 | 192 | 65 | $ [illegible] |
| | | 0576 | Santa Clara Pueblo | 140 | 215 | 60 | 275 | 55 | $ [illegible] |
| | | 0577 | Mescalero Apache Tribe | 112 | 125 | 0 | 125 | 60 | $ 46,422 |
| | | 0578 | Jicarilla Apache Tribe | 105 | 124 | 72 | 196 | 55 | $ 46,422 |
| | | 0580 | Pueblo of Zuni | 537 | 537 | 0 | 537 | 60 | $ 80,110 |
| | | 0583 | San Juan Pueblo | 150 | 264 | 77 | 341 | 55 | $ 46,422 |
| | | 0589 | Pueblo of Taos | 257 | 242 | 0 | 242 | 60 | $ 54,844 |
| | | 0592 | Pueblo of Acoma | 345 | 345 | 0 | 345 | 60 | $ 63,266 |
| | | 0593 | Eight Northern Indian Pueblos Council (San Ildefonso, | 60 | 75 | 28 | 103 | 55 | $ 38,000 |
| | | 0594 | Eight Northern Indian Pueblos Council (Picuris, etc.) | 90 | 56 | 25 | 81 | 55 | $ 38,000 |
| | | 0600 | Five Sandoval Indian Pueblos, Inc. | 296 | 211 | 62 | 273 | 55 | $ 54,844 |
| | | 0606 | Santo Domingo Pueblo Tribe | 347 | 251 | 97 | 348 | 55 | $ 63,266 |
| | | | STATE OF NM SUBTOTAL 15 TRIBES | 3408 | 3576 | 421 | 3997 | | $ 805,816 |
| | OK | 0530 | Chickasaw Nation | 800 | 950 | 0 | 950 | 60 | $ 80,110 |
| | | 0531 | Kickapoo Tribe of Oklahoma | 573 | 311 | 262 | 573 | 50 | $ 80,110 |
| | | 0532 | Comanche Indian Tribe | 352 | 377 | 0 | 377 | 60 | $ 63,266 |
| | | 0533 | Seminole Nation of Oklahoma | 616 | 598 | 0 | 598 | 60 | $ 80,110 |
| | | 0538 | Kiowa Tribe of Oklahoma | 190 | 381 | 0 | 381 | 60 | $ 46,422 |
| | | 0539 | Choctaw Nation of Oklahoma | 3181 | 3181 | 0 | 3181 | 60 | $ 80,110 |
| | | 0540 | The Apache Tribe of Oklahoma | 361 | 321 | 40 | 361 | 50 | $ 63,266 |
| | | 0541 | Wyandotte Tribe of Oklahoma | 356 | 270 | 115 | 385 | 55 | $ 63,266 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | 0542 | Quapaw Tribe of Oklahoma | 169 | 169 | 76 | 245 | 55 | $ 46,422 |
| | | 0543 | Cheyenne-Arapaho Tribes of Oklahoma | 470 | 758 | 306 | 1064 | 55 | $ 71,688 |
| | | 0544 | Delaware Tribe of Western Oklahoma | 310 | 300 | 0 | 300 | 60 | $ 63,266 |
| | | 0545 | Peoria Tribe of Oklahoma | 407 | 531 | 69 | 600 | 55 | $ 71,688 |
| | | 0546 | Seneca-Cayuga Tribe of Oklahoma | 80 | 80 | 134 | 214 | 55 | $ 38,000 |
| | | 0547 | Pawnee Tribe of Oklahoma | 302 | 313 | 0 | 313 | 60 | $ 63,266 |
| | | 0548 | Ottawa Tribe of Oklahoma | 326 | 325 | 48 | 373 | 55 | $ 63,266 |
| | | 0549 | Caddo Tribe of Oklahoma | 307 | 237 | 70 | 307 | 55 | $ 63,266 |
| | | 0550 | Otoe-Missouria Tribe | 214 | 214 | 0 | 214 | 60 | $ 54,844 |
| | | 0551 | Miami Tribe of Oklahoma | 509 | 520 | 81 | 601 | 55 | $ 80,110 |
| | | 0552 | Muscogee (Creek) Nation | 2173 | 2173 | 0 | 2173 | 60 | $ 80,110 |
| | | 0553 | Osage Tribe of Oklahoma | 750 | 500 | 250 | 750 | 55 | $ 80,110 |
| | | 0554 | Cherokee Nation of Oklahoma | 7938 | 7938 | 3955 | 11893 | 50 | $ 80,252 |
| | | 0555 | Sac and Fox Tribe of Indians of Oklahoma | 249 | 249 | 0 | 249 | 60 | $ 54,844 |
| | | 0556 | Citizen Band Potawatomi Indians of Oklahoma | 1000 | 310 | 0 | 310 | 60 | $ 80,110 |
| | | | STATE OF OK SUBTOTAL 23 TRIBES | 22435 | 21006 | 5406 | 26412 | | $1,547,902 |
| | | | REGION VI SUBTOTAL 39 TRIBES | 25910 | 24675 | 5827 | 30502 | | $2,391,718 |
| VII | KS | 0525 | Kickapoo Tribe in Kansas | 63 | 72 | 34 | 106 | 50 | $ 38,000 |
| | | 0527 | United Tribes of Kansas and Southeast Nebraska, Inc. | 86 | 86 | 41 | 127 | 50 | $ 38,000 |
| | | 0528 | Prairie Band of Potawatomi Indians | 71 | 87 | 16 | 103 | 55 | $ 38,000 |
| | | | STATE OF KS SUBTOTAL 3 TRIBES | 220 | 245 | 91 | 336 | | $ 114,000 |
| | NE | 0504 | Santee Sioux Tribe of Nebraska | 103 | 60 | 43 | 103 | 55 | $ 46,422 |
| | | 0505 | Omaha Tribe of Nebraska | 175 | 175 | 17 | 192 | 55 | $ 46,422 |
| | | 0507 | Winnebago Tribe of Nebraska | 160 | 160 | 41 | 201 | 55 | $ 46,422 |
| | | | STATE OF NE SUBTOTAL 3 TRIBES | 438 | 395 | 101 | 496 | | $ 139,266 |
| | | | REGION VII SUBTOTAL 6 TRIBES | 658 | 640 | 192 | 832 | | $ 253,266 |

| REGION AND STATE | GRANT NUMBER 90AI | TRIBAL ORGANIZATION | NUMBER OF OLDER INDIANS IN EACH AGE GROUP<br>Survey 9/87<br>Over 60 | Survey Aug 1988<br>Over 60 | <br>Under 60 | <br>TOTAL | Tribe's Selected Age of 'Elder Indian' | FEDERAL FUNDS<br>FY 1988 |
|---|---|---|---|---|---|---|---|---|
| VIII CO | 0501 | Ute Mountain Ute Tribe of Indians | 82 | 82 | 33 | 115 | 55 | $ 38,06 |
| | 0502 | Southern Ute Indian Tribe | 101 | 94 | 31 | 125 | 55 | $ 46,42 |
| | | STATE OF CO SUBTOTAL 2 TRIBES | 183 | 176 | 64 | 240 | | $ 84,4 |
| MT | 0503 | Blackfeet Tribe | 488 | 1000 | 0 | 1000 | 60 | $ 71,688 |
| | 0506 | Fort Belknap Community Council | 106 | 106 | 0 | 106 | 60 | $ 46,422 |
| | 0508 | Northern Cheyenne Tribe | 200 | 203 | 0 | 203 | 60 | $ 46,422 |
| | 0510 | Confederated Salish and Kootenai Tribes | 367 | 367 | 0 | 367 | 60 | $ 63,266 |
| | 0511 | Assiniboine and Sioux Tribes | 301 | 301 | 0 | 301 | 60 | $ 63,266 |
| | 0512 | Crow Tribe of Indians | 335 | 212 | 0 | 212 | 60 | $ 63,266 |
| | 0513 | Chippewa-Cree Tribe | 201 | 234 | 0 | 234 | 60 | $ 54,844 |
| | | STATE OF MT SUBTOTAL 7 TRIBES | 1998 | 2423 | 0 | 2423 | | $ 409,174 |
| ND | 0585 | Turtle Mountain Band of Chippewa Tribe | 679 | 679 | 0 | 679 | 60 | $ 80,110 |
| | 0601 | Standing Rock Sioux Tribe | 227 | 227 | 123 | 350 | 55 | $ 54,844 |
| | 0603 | Three Affiliated Tribes | 370 | 101 | 205 | 306 | 50 | $ 63,266 |
| | 0604 | Devils Lake Sioux Tribe | 300 | 182 | 118 | 300 | 50 | $ 54,844 |
| | | STATE OF ND SUBTOTAL 4 TRIBES | 1576 | 1189 | 446 | 1635 | | $ 253,064 |
| SD | 0572 | Cheyenne River Sioux Tribe | 289 | 289 | 0 | 289 | 60 | $ 54,844 |
| | 0582 | Yankton Sioux Tribe | 212 | 172 | 40 | 212 | 55 | $ 54,844 |
| | 0584 | Sisseton-Wahpeton Sioux Tribe | 262 | 262 | 0 | 262 | 60 | $ 54,844 |
| | 0595 | Oglala Sioux Tribe | 627 | 759 | 0 | 759 | 60 | $ 80,110 |
| | 0596 | Crow Creek Sioux Tribe | 103 | 104 | 0 | 104 | 60 | $ 46,422 |
| | 0599 | Lower Brule Sioux Tribe | 71 | 71 | 0 | 71 | 60 | $ 38,006 |
| | 0602 | Rosebud Sioux Tribe | 419 | 488 | 0 | 488 | 60 | $ 71,688 |
| | | STATE OF SD SUBTOTAL 7 TRIBES | 1983 | 2145 | 40 | 2185 | | $ 400,758 |
| UT | 0524 | Uintah and Ouray Business Committee | 108 | 108 | 124 | 232 | 50 | $ 46,422 |
| | | STATE OF UT SUBTOTAL 1 TRIBES | 108 | 108 | 124 | 232 | | $ 46,422 |
| WY | 0509 | Wind River Nutrition and Transportation | 150 | 275 | 34 | 309 | 55 | $ 46,422 |
| | | STATE OF WY SUBTOTAL 1 TRIBES | 150 | 275 | 34 | 309 | | $ 46,422 |
| REGION VIII SUBTOTAL 22 TRIBES | | | 5998 | 6316 | 708 | 7024 | | $1,240,256 |

| REGION AND STATE | | GRANT NUMBER 90AI | TRIBAL ORGANIZATION | NUMBER OF OLDER INDIANS IN EACH AGE GROUP | | | | Tribe's Selected Age of 'Older Indian' | FEDERAL FUNDS |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Survey 9/87 | Survey May 1988 | | | | |
| | | | | Over 60 | Over 60 | Under 60 | TOTAL | | FY 1988 |
| IX | AZ | 0579 | San Carlos Apache Tribe | 92 | 92 | 74 | 166 | 55 | $ 38,00 |
| | | 0581 | Pascua Yaqui Tribe | 186 | 101 | 0 | 101 | 60 | $ 46,42 |
| | | 0586 | The Navajo Tribe | 833 | 833 | 0 | 833 | 60 | $ 80,11 |
| | | 0587 | Hopi Tribal Council | 886 | 886 | 0 | 886 | 60 | $ 80,11 |
| | | 0588 | Cocopah Indian Tribe | 68 | 68 | 0 | 68 | 60 | $ 38,00 |
| | | 0590 | Salt River Pima-Maricopa Indian Community | 190 | 190 | 55 | 245 | 55 | $ 46,42 |
| | | 0591 | Tohono o'Odham Nation | 115 | 86 | 10 | 96 | 53 | $ 46,42 |
| | | 0597 | Quechan Indian Tribe | 114 | 74 | 41 | 115 | 50 | $ 46,42 |
| | | 0598 | White Mountain Apache Tribe | 185 | 185 | 0 | 185 | 60 | $ 46,42 |
| | | 0605 | Colorado River Indian Tribes | 184 | 187 | 0 | 187 | 60 | $ 46,42 |
| | | | STATE OF AZ SUBTOTAL 10 TRIBES | 2853 | 2702 | 180 | 2882 | | $ 514,752 |
| | CA | 0612 | Bishop Indian Tribal Council | 72 | 76 | 0 | 76 | 60 | $ 38,00 |
| | | 0619 | Pi-Na-Pa Indian Health Consortium, Inc. | 77 | 77 | 0 | 77 | 60 | $ 38,00 |
| | | 0620 | Round Valley Indian Health Center | 85 | 77 | 13 | 90 | 55 | $ 38,000 |
| | | 0624 | Riverside-San Bernardino County Indian Health, Inc. | 250 | 250 | 0 | 250 | 60 | $ 54,844 |
| | | 0625 | Southern Indian Health Council | 102 | 102 | 0 | 102 | 60 | $ 46,42 |
| | | 0627 | Toiyabe Indian Health Project | 102 | 116 | 0 | 116 | 60 | $ 46,42 |
| | | 0628 | Tule River Tribe | 83 | 84 | 80 | 164 | 50 | $ 38,0 |
| | | 0635 | Sonoma County Indian Health Project | 115 | 115 | 0 | 115 | 60 | $ 46,42 |
| | | 0636 | United Indian Health Services, Inc. | 87 | 99 | 0 | 99 | 60 | $ 38,00 |
| | | 0638 | Hupa Health Association, Inc. | 170 | 170 | 0 | 170 | 60 | $ 46,42 |
| | | | STATE OF CA SUBTOTAL 10 TRIBES | 1143 | 1166 | 93 | 1259 | | $ 430,53 |
| | NV | 0514 | Shoshone-Paiute Tribes | 112 | 93 | 0 | 93 | 60 | $ 46,42 |
| | | 0515 | Walker River Paiute Tribe | 93 | 106 | 0 | 106 | 60 | $ 38,00 |
| | | 0516 | Yerington - Paiute Tribe | 66 | 66 | 27 | 93 | 50 | $ 38,00 |
| | | 0517 | Fallon Paiute-Shoshone Tribes | 69 | 69 | 0 | 69 | 60 | $ 38, |
| | | 0518 | Inter-Tribal Council of Nevada, Inc. (Moapa, etc.) | 108 | 90 | 0 | 90 | 60 | $ 46,422 |
| | | 0519 | Inter-Tribal Council of Nevada, Inc. (Duckwater, etc.) | 110 | 154 | 0 | 154 | 60 | $ 46,422 |
| | | 0520 | Inter-Tribal Council of Nevada, Inc. (Fort McDermitt, | 75 | 78 | 0 | 78 | 60 | $ 38,000 |
| | | 0521 | Washoe Tribe of Nevada and California | 103 | 119 | 60 | 179 | 55 | $ 46,422 |
| | | | STATE OF NV SUBTOTAL 8 TRIBES | 736 | 775 | 87 | 862 | | $ 337,688 |
| REGION IX | | | SUBTOTAL 28 TRIBES | 4732 | 4643 | 360 | 5003 | | $1,282,972 |

| REGION AND STATE | GRANT NUMBER 90AI | TRIBAL ORGANIZATION | NUMBER OF OLDER INDIANS IN EACH AGE GROUP: Survey 9/87 | | | | Tribe's Selected Age of "Older Indian" | FEDERAL FUNDS |
|---|---|---|---|---|---|---|---|---|
| | | | | Survey May 1988 | | | | |
| | | | Over 60 | Over 60 | Under 60 | TOTAL | | FY 1988 |
| AK | 0617 | Kodiak Area Native Association (Northern Section) | 63 | 91 | 20 | 111 | 55 | $ 38,000 |
| | 0630 | Tanana Chiefs Conference | 665 | 521 | 162 | 683 | 55 | $ 80,110 |
| | 0632 | Kodiak Area Native Association (Southern Section) | 76 | 76 | 15 | 91 | 55 | $ 38,000 |
| | | STATE OF AK SUBTOTAL 3 TRIBES | 804 | 688 | 197 | 885 | | $ 156,110 |
| ID | 0526 | Shoshone-Bannock Tribes | 203 | 203 | 0 | 203 | 60 | $ 54,844 |
| | 0529 | Nez Perce Tribe of Idaho | 150 | 150 | 0 | 150 | 60 | $ 46,422 |
| | | STATE OF ID SUBTOTAL 2 TRIBES | 353 | 353 | 0 | 353 | | $ 101,266 |
| OR | 0614 | Confederated Tribes of Warm Springs | 115 | 137 | 0 | 137 | 60 | $ 46,422 |
| | 0623 | Confederated Tribes of the Umatilla Indian Reservatio | 301 | 60 | 241 | 301 | 55 | $ 63,266 |
| | | STATE OF OR SUBTOTAL 2 TRIBES | 416 | 197 | 241 | 438 | | $ 109,688 |
| WA | 0613 | Lummi Indian Business Council | 192 | 194 | 94 | 288 | 55 | $ 46,422 |
| | 0615 | Quinault Indian Nation | 166 | 166 | 73 | 239 | 55 | $ 46,422 |
| | 0616 | Muckleshoot Indian Tribe | 156 | 156 | 16 | 172 | 55 | $ 46,422 |
| | 0618 | Yakima Indian Nation | 60 | 60 | 15 | 75 | 55 | $ 38,000 |
| | 0621 | Colville Confederated Tribes | 130 | 393 | 0 | 393 | 60 | $ 46,422 |
| | 0622 | Nooksack Indian Community Aid Society | 60 | 60 | 25 | 85 | 55 | $ 38,000 |
| | 0626 | Puyallup Tribal Health Authority | 429 | 453 | 1326 | 1779 | 45 | $ 71,688 |
| | 0629 | Upper Columbia United Tribes | 191 | 187 | 71 | 258 | 55 | $ 46,422 |
| | 0633 | Northwest Washington Service Unit | 128 | 129 | 62 | 191 | 55 | $ 46,422 |
| | 0634 | South Puget Intertribal Planning Agency | 289 | 289 | 121 | 410 | 55 | $ 54,844 |
| | 0637 | Makah Indian Tribal Council | 110 | 110 | 27 | 137 | 55 | $ 46,422 |
| | | STATE OF WA SUBTOTAL 11 TRIBES | 1911 | 2197 | 1830 | 4027 | | $ 527,486 |
| REGION X | | SUBTOTAL 18 TRIBES | 3484 | 3435 | 2268 | 5703 | | $ 894,550 |
| 08/17/88 | | 134 TRIBES AOA GRAND TOTAL | 45628 | 45067 | 11898 | 56965 | | $7,181,000 |

## APPENDIX VI

## Objectives For Implementation of the Older Americans Act For Fiscal Year 1989

All older people should have the opportunity to live independent, meaningful, and dignified lives in their own home and community for as long as possible today and in the future. Every community should have a system of services and opportunities to help older people serve and be served where they live. Older people, their family and friends must be familiar with the system and feel that it responds to them.

Listed below are the elements that comprise a comprehensive community system of services for older persons. These elements constitute the objectives that have been established for the Older Americans Act for FY 1989:

(1) To have a visible focal point of contact in each community where anyone can go or call for help, information or referral on any aging issue;

(2) To provide a range of options for services and opportunities that respond to the talents and the needs of older persons in each community;

(3) To assure that the options in each community are readily accessible to all older persons: the independent, semi-dependent and totally dependent, no matter what their income;

(4) To expand the commitment of public, private, voluntary and personal resources to support a system of services for older persons in each community;

(5) To assure collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in each community in the development and maintenance of systems of services for older persons;

(6) To offer special help or targetted resources in each community for the most vulnerable older persons, those most in danger of losing their independence;

(7) To assure in each community an effective referral from agency to agency concerning the needs of older persons so that information or assistance is received, no matter how or where contact is made;

(8) To assure that each community system of services for older persons provides sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;

(9) To assure a unique character for the service system for older persons which is tailored to the specific nature of the community; and

(10) To assure that each community system of services for older persons is directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested persons, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

APPENDIX VII

*Administration on Aging*

# Compendium
# of
# Active Grants
# Under Title IV
# of the
# Older Americans Act

October 31, 1988

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                               ACTIVE GRANTS
                  Under Title IV of the Older Americans Act
                               As of 09/30/88

PROJECT                                   FUNDING
                                          FY 1986         FY 1987         FY 1988
====================================     ==========================================

AGING POPULATION CHARACTERISTICS/NEEDS
 Research

90AR0101
 The Urban Institute
 2100 M St., N.W.
 Washington, DC  20037
  Preparation for an Aging Society: Future Needs, Programs and Personnel
  Requirements
Sheila Zedlewski
(202) 857-8657
08/01/86 - 12/31/88             AoA  : $ 174,950       $ 175,000       $        0
This project will use microsimulation techniques to provide detailed
projections of the size and demographic/economic composition of the elderly
population through 2020.  These data will be linked to service utilization
data in the health, social service, and housing areas to provide forecasts
on likely future needs of the elderly and personnel requirements.  A group
of experts in the various service areas will be responsible for drawing
public policy implications from the data and forecasts.  Products will
include research papers and a book integrating the project's findings.
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AGING POPULATION CHARACTERISTICS/NEEDS
 Research

90AR0102
 Gallaudet University
 800 Florida Avenue, N.E.
 Washington, DC  20002
  Current and Future Needs of the Hearing Impaired Elderly
Thomas E. Allen, Ph.D.
(202) 651-5575
08/01/86 - 11/30/88             AoA  : $  38,220       $  35,913       $        0
This project will assess the future needs of the hearing impaired elderly,
now estimated at approaching 8 million persons.  A special focus will be on
those most vulnerable to a loss of independence.  The analysis will include
such variables as age, sex, race, marital status, health, socioeconomic
status, and level of hearing loss.  Collaboration with NASUA will help to
ensure dissemination and utilization of project findings by the aging
network.
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AGING POPULATION CHARACTERISTICS/NEEDS
 Research

90AR0104
 United Way of America
 701 North Fairfax Street
 Alexandria, VA  22314
  Preparation for an Aging Society: Future Needs, Programs, and Personnel
  Requirements
Martin I. Scherr
(703) 836-7100
09/30/86 - 02/28/90             AoA  : $ 175,000       $ 175,000       $ 204,191
United Way, in collaboration with The Futures Group, will train local United
Way Organizations (LUWO) and Area Agencies on Aging, and others on how to
use the computer forecasting model developed in an earlier phase of the
project.  The model & other planning techniques will assist communities in
planning for the needs of an aging population.  The program has two-phases.
In phase one, the model will be introduced to LUWO and AAA staff in ten
communities.  Project staff will assist local planners to identify and input
local data into the model and to begin to adapt and utilize the model in
their communities.

In phase two, communities selected for phase one will host workshops for
planners from as many as thirty additional communities in their region.
During the workshops the model will be introduced as a planning tool.
Participants will be guided through its use and will receive training in
leadership and strategic planning, with special emphasis on the needs of the
elderly.
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AGING POPULATION CHARACTERISTICS/NEEDS
Research

90AR0110
Alulike, Inc.
1024 Mapunapuna St.
Honolulu, HI 96819-4417
Native Hawaiian Elderly Needs Assessment Project
Kenneth Forbes
(808) 836-8940
08/01/88 - 07/31/89 AoA : $ 0 $ 0 $ 100,000

The goal of this project is to complete a needs assessment study on Native Hawaiian Elderly. Objectives are to review and update baseline data and to complete, publish and disseminate the study. Methods used will: review extant and generate non-extant data; conduct surveys, and focus groups; and establish priorities to improve service delivery and program development. Results will be: 1) an Annotated Bibliography on Native Hawaiian Elderly Data; 2) a Longitudinal Health Status Report on a Native Hawaiian Elderly cohort; 3) a Focus Group Report; 4) a Report Overview of Exemplary Native American and Non-Native American Programs for Elderly; and 5) the Native Hawaiian Elderly Needs Assessment Project Study Report.

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AGING POPULATION CHARACTERISTICS/NEEDS
Research

90AR0117
University of Kansas
316 Strong Hall
Lawrence, KS 66045-2966
Defining and Meeting the Needs Of Native American Elders
Robert John
(913) 864-4130
09/01/88 - 08/31/89 AoA : $ 0 $ 0 $ 99,996

This project will compile and analyze a comprehensive data base on Native American aging using 12 national and tribal level survey data sets collected using the Older Americans Resources and Services survey instrument. Statistical analysis will determine elders' current social, economic, mental and physical well-being, ability to perform routine activities of daily living, need for 19 services, and the availability of informal/formal support to meet those needs. Results will be provided to other levels of the aging policymaking and social service networks in order to increase their knowledge about Native American elders. Major products include: a) a comprehensive data base; b) a description of each group of tribal elders; c) formulation of a tribal-specific service plan; d) consultation with tribal groups to discuss these specific service plans and; e) final report with identification of knowledge gaps and recommendations for follow-up study and action.

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AGING POPULATION CHARACTERISTICS/NEEDS
Research

90AR0118
Public Health Foundation of Los Angeles County, Inc.
13200 Crossroads Parkway North #135
City of Industry, CA 91746
Study on Urban American Indian Aging (SUAMINA)
Betty Jo Kramer
(213) 699-7320
09/01/88 - 08/31/89 AoA : $ 0 $ 0 $ 99,426

Little is known about the urban Native American elderly although 73% of American Indians live off reservations. This research project will compile sparse but valuable information about the older American Indians from the following data bases: 1) results of academic and applied research; 2) surveys of service providers in selected urban areas with significant American Indian populations; 3) surveys of selected urban American Indian organizations; and 4) results and/or data from Federally funded demonstration projects which have targeted or incidentally served this population. The result will be a comprehensive research data bank which will be analyzed for demographic information, documented needs for support services, and availability and access to those support services. Research questions addressed by this project focus on practical applications for planning and delivering support services to this urban minority population. A final report will disseminate research findings, recommend an agenda for future research, identify gaps in services, discuss methods and approaches for providing programs, and address public policy issues.

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ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 09/30/88

PROJECT — FUNDING: FY 1986 — FY 1987 — FY 1988

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AGING POPULATION CHARACTERISTICS/NEEDS
Research

90AR0119
University of North Dakota
Center for Rural Health
501 Columbia Road
Grand Forks, ND 58201
An Assessment And Evaluation Of Native American Aging Research
Kevin M. Fickenscher
(701) 777-3848
09/01/88 - 08/31/89 AoA : $ 0 $ 0 $ 95,413

The Center for Rural Health in collaboration with the Indians Into Medicine (INMED) Program at the University of North Dakota School of Medicine proposes to identify, evaluate, and synthesize the current knowledge and data base on the status of the Native American elderly in the IHS Aberdeen Service Area (North Dakota, South Dakota, Nebraska, and Iowa). This project will systematically identify and assess all published literature and quantitative data for the purpose of identifying significant knowledge and data gaps on the Native American elderly. These gaps in knowledge and data will then be prioritized and a future research agenda on Native American aging will be recommended. Expected products from the project, other than the research agenda, include a current bibliography on Native American aging as well as a reference manual of inventoried data specifying its location, description, and evaluation.

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AGING POPULATION CHARACTERISTICS/NEEDS
Research

90AR0121
Hawaii Executive Office on Aging
335 Merchant Street, Room 241
Honolulu, HI 96813
Pacific Basin Geriatric Research Feasibility and Development Project
Jeanette Takamura
(808) 548-2593
09/30/88 - 05/15/89 AoA : $ 0 $ 0 $ 51,747

This project will assess the relevant resources, opportunities, and limitations within the State of Hawaii, the Pacific Basin, and Asia for the initiation, conduct, and coordination of epidemiological research projects on dementia and other conditions of aging in defined Pacific Basin and Asian subgroups.

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**ALZHEIMER'S DISEASE**
Demonstration

90AM0162
Alzheimer's Disease & Related Disorders Association of Eastern MA
20 Park Plaza, Suite 636
Boston, MA 02116
An Alzheimer's Disease Partnership for Community Based Respite
Nancy King
(617) 574-9394
09/30/85 - 12/31/88 AoA : $ 199,540 $ 200,000 $ 0

This project combines the resources of ADRDA units, Area Agencies on Aging, and service providers in: (1) improving the quality of care for Alzheimer's victims and their families; (2) decreasing stress on family caregivers; and (3) increasing cost effectiveness of care in the least restrictive setting. Among the innovative services to be undertaken by these community-based partnerships is a model recruitment and training program for homecare respite workers.

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## ALZHEIMER'S DISEASE
Demonstration

90AM0257
Colorado Department of Social Services
Aging and Adult Services
1575 Sherman Street
Denver, CO 80203-1714
Aging Network Linkages: Increasing State and AAA Capabilities for Training and Service Coordination Related to Alzheimer's Disease
Tom Kowal
(303) 294-2861
08/01/87 - 07/31/89 AoA : $ 0 $ 149,808 $ 148,456

Under this project, the Colorado State Agency on Aging will lead a State-Wide effort aimed at increasing coordination and efforts of Area Agencies on Aging (AAAs) and their associated service provider networks in meeting the needs of Alzheimer's Disease victims and their caregivers. Two collaborating organizations, Colorado State University and the Denver chapter of the Alzheimer"s Disease and Related Disorders Association, will educate AAA staff about intervention strategies to implement early in the progress of the disease (family support groups, adult day care, and respite care). In turn, the AAAs will take the role of training family members and staff of service provider agencies in the use and efficacy of these interventions as alternatives to costly institutional care.

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## ALZHEIMER'S DISEASE
Demonstration

90AM0258
California Department of Aging
1600 K Street
Alzheimer's Linkage/Respite Branch
Sacramento, CA 95814
Building State Training Capacity to Enhance Adult Day Care for Alzheimer's Disease Victims
Ellie Huffman
(916) 323-5170
08/01/87 - 07/31/89 AoA : $ 0 $ 149,040 $ 149,040

This project will build state training capacity (relying principally upon the Alzheimer's Day Care Resource Center of the California Department of Aging) to enhance adult day care support services for Alzheimer Disease victims and their families. The State Agency on Aging will collaborate with a consortium of California universities in developing and applying training materials for families of AD victims and for service provider professionals and paraprofessionals working in adult day care centers throughout the State of California. The anticipated products include: 1) a video training packet, containing a bibliography of materials and a 30 minute video; 2) an audio-cassette and guidebook on the care of AD victims; 3) sample guidebooks for building and maintaining support groups; 4) environmental guidelines for creating safe and supportive day care settings; 5) a Spanish language training packet to encourage outreach to Hispanic families, and; 6) a workbook with guidelines to enhance staff satisfaction and productivity.

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## ALZHEIMER'S DISEASE
Demonstration

90AM0264
Older Alaskans Commission
P.O. Box C, M.S. 0209
Juneau, AK 99811
Bridging the Gap - Families Linked to Respite and Care Network
Ruth Gulyas
(907) 465-3250
09/01/87 - 12/31/88 AoA : $ 0 $ 112,460 $ 0

This project will coordinate services to Alzheimer's Disease victims and their families by bridging the formal and informal care networks. The statewide project, led by the Older Alaskans Commission, involves the collaboration of the Alaska Alzheimer's Disease Family Support Group, the network of aging agencies, hospitals, and nursing homes. Its major programmatic goal is to make respite care available by utilizing empty beds in hospitals and nursing homes. Information, consultation, and training via teleconferencing will be provided to the staffs of hospitals and nursing homes on respite and other care programs for Alzheimer Disease victims and their families. The project demonstrates a model for intensive community-based support services that is applicable in both urban and rural (remote) settings.

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                                                                      Page  7
                              ACTIVE GRANTS
                  Under Title IV of the Older Americans Act
                              As of 09/30/88
PROJECT                                   FUNDING
                                          FY 1986         FY 1987         FY 1988
=====================================    ========================================

ALZHEIMER'S DISEASE
 Demonstration

90AM0274
 Florida Department of Health and Rehabilitative Services
 Office of Aging and Adult Services
 1321 Winewood Blvd
 Tallahassee, FL  32399-0700
  Development of Black and Hispanic Alzheimer's Disease Support Groups with
  Training for Ethnic Volunteer Group Leaders
Robert Lombardo
(904) 488-2881
09/01/87 - 08/31/89              AoA  : $       0       $ 144,126       $ 148,470
The Florida SUA and the University of South Florida Suncoast Gerontology
Center will collaborate on this project which is designed to develop
Alzheimer Disease support groups among Black and Hispanic caregiver
families.  Most Alzheimer Disease support groups are now comprised of white,
middle-class caregivers.  This project aims at correcting this imbalance by
focusing on the development of ethnic-specific AD support groups among Black
and Hispanic communities in the State of Florida.  This pilot demonstration
and training of support group volunteer leaders effort is intended for
replication within Florida and, as appropriate, across the country.
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ALZHEIMER'S DISEASE
 Demonstration

90AM0314
 Atlanta Jewish Community Center, Inc.
 Weinstein Center for Adult Services
 5300 Tilly Mill Road
 Dunwoody, GA  30338
  Dementia Care/Respite Service Program
Barbara Vahaba
(404) 458-3614
08/01/88 - 07/31/89              AoA  : $       0       $       0       $  94,393
This project, funded by AoA in collaboration with the Robert Wood
Foundation, will expand its present project that serves Alzheimer's Disease
patients and their families by increasing such services as: (1) case
management; (2) out-of-home weekend respite care; (3) coordination of
at-home respite care; (4) monthly support group meetings for family
caregivers; (5) a market survey and analysis to evaluate the needs of
caregivers; and (6) case coordinated referrals to other community
researchers.
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ALZHEIMER'S DISEASE
 Demonstration

90AM0315
 Cedar Acres Adult Day Care Center
 1700 South River Road
 Janesville, WI  53546
  Cedar Acres Adult Day Care Center
Lois Oliver
(608) 756-8144
08/01/88 - 07/31/90              AoA  : $       0       $       0       $  66,283
This project, funded by AoA in collaboration with the Robert Wood Johnson
Foundation, will result in the expansion of services to Alzheimer's Disease
clients and their families.  The funds provided by AoA will provide the
necessary staff needed to expand the Center's hours of service on week-ends
(in year 01) and evenings (in year 02) and to provide transportation to
current and prospective clients and their families beginning in year 01.
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**ALZHEIMER'S DISEASE**
Demonstration

90AM0316
Jewish Institute For Geriatric Care
271-11 76th Avenue
New Hyde Park, NY 11042
Dementia and Respite Service Program (RWJF)
Virginia Marr
(718) 343-2100
08/01/88 - 07/31/89 AoA : $ 0 $ 0 $ 99,447

Under this project, funded by AoA in collaboration with the Robert Wood Johnson Foundation, the Geriatric Community Health Center, a part of the Jewish Institute for Geriatric Care, will expand current availability of services for Alzheimer's patients and their caregivers by developing a "Drop In" Alzheimer's program. This program will offer available services seven days a week from 7 a.m. to 7 p.m. weekdays and 12 p.m. to 7 p.m. on weekends. This will be a pilot program to test this model of respite day care which is designed to provide flexible services at reasonable costs so that caregivers can receive the support they need in order to maintain the patient at home.

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**ALZHEIMER'S DISEASE**
Demonstration

90AM0317
Senior Services, Incorporated
Dementia Day Care Center
836 Oak Street, Suite 320
Winston-Salem, NC 27101
Senior Services Dementia Care Center (RWJF)
Mr. Richard Gottlieb
(919) 725-0907
08/01/88 - 07/31/89 AoA : $ 0 $ 0 $ 48,263

The purpose of this project, funded by AoA in collaboration with the Robert Wood Johnson Foundation, is to design and implement a dementia-specific day care center. The grantee will undertake: (1) a market survey; (2) provide support and TA with the architectural designs; (3) diagnosis and treatment of participants; (4) staff training; and (5) education and support of caregivers. The center will also serve as a combination day health/day care program.

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**ALZHEIMER'S DISEASE**
Demonstration

90AM0318
Food and Nutrition Services Elderday Adult Health Center
236 Santa Cruz Ave.
Aptos, CA 95003
Dementia Care and Respite Care Program
Majel Jordan
(408) 423-1413
08/01/88 - 07/31/89 AoA : $ 0 $ 0 $ 79,788

This project, funded by AoA in collaboration with the Robert Wood Johnson Foundation, will provide a continuum of services that will care for the victim and will educate, encourage, support and care for the caregiver. The project will consist of the following seven components: 1) Respite Advocates; 2) Adult Social Day Care and Drop In Center; 3) In-Home Respite; 4) Out-Of Home Respite; 5) Marketing, Education and Fundraising; 6) Caregiver Involvement; and 7) Coordination.

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**ACTIVE GRANTS**
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**PROJECT** **FUNDING**
**FY 1986** **FY 1987** **FY 1988**

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**ALZHEIMER'S DISEASE**
**Demonstration**

**90AM0319**
Telespond Senior Services, Inc.
541 Wyoming Avenue
Scranton, PA 13557
Dementia Care & Respite Services
Richard Cresiski
(717) 961-1950
08/01/88 - 07/31/89 AoA : $ 0 $ 0 $ 47,129

This project, funded by AoA in collaboration with the Robert Wood Johnson Foundation, will provide staffing for an expansion of the caregiver support services and respite services for families of Alzheimer's Disease patients. Planning for involvement of Telespond staff in Community Outreach to strengthen linkage with other community resources is under way and will continue. Objectives which can be achieved through this grant include weekend Adult Day Care, evening and overnight Respite, improved and professionalized geriatric assessment and therapeutic programming, and caregiver support services which include family counseling and education, as well as assistance to community groups which function to support family caregivers in all aspects of care.

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**ALZHEIMER'S DISEASE**
**Demonstration**

**90AM0320**
Sunshine Terrace Foundation, Inc.
225 North 200 West
P.O. Box 3207
Logan, UT 84321
An Innovative Approach to Dementia-Specific Adult Day and Respite Care
Bonnie Smith
(801) 752-0411
08/01/88 - 07/31/89 AoA : $ 0 $ 0 $ 47,957

This project, funded by AoA in collaboration with the Robert Wood Johnson Foundation, will provide staffing for an extension of Dementia Specific Adult Day Care and Respite Care for Alzheimer's patients. It will also provide for community counseling about Alzheimer's Disease and development of plans for assessing needs within their service area. More respite care services will be provided to the community. The project is linked to the Kellogg Foundation dissemination effort.

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**ALZHEIMER'S DISEASE**
**Demonstration**

**90AM0321**
Sinai Samaritan Medical Center, Geriatrics Institute
950 North 12th Street
Milwaukee, WI 53201-0342
Milwaukee Consortium Dementia Care and Respite Services Program
Edward J. Olson
(414) 289-8187
08/01/88 - 07/31/89 AoA : $ 0 $ 0 $ 62,098

This project, funded by AoA in collaboration with the Robert Wood Johnson Foundation, will help the Milwaukee Dementia Care and Respite Services Program to: 1) expand the availability of high quality dementia-specific programs in the metropolitan area, specifically in adult day care, in-home and community based respite care, and caregiver support services; 2) develop and coordinate a network of eight neighborhood-based day care centers to provide affordable day programming, respite care and health-related services needed by people with dementia and their caregivers; 3) establish a dementia care consortium as a mechanism to coordinate activities and referrals, and to provide information and support to staff of dementia-specific day centers; and 4) develop and test alternative approaches to financing to ensure that the day center network will be self-sustaining when the grant ends.

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ALZHEIMER'S DISEASE
Demonstration

90AM0322
Handmaker Jewish Nursing Home for the Aged
Adult Day Health Services
2221 North Rosemont
Tucson, AZ 85712
Dementia Care and Respite Care Programs
Doris Goldstein
(602) 881-2323
08/01/88 - 07/31/89 AoA : $ 0 $ 0 $ 79,642

This project, funded by AoA in collaboration with the Robert Wood Johnson Foundation (RWJF), will expand the services of the Handmaker Center by augmenting the staffing of the program in conjunction with the RWJF award which will provide funds for: 1) the addition of a new center in the growth area of the community where no dementia-related day health care program exists; 2) a community-based respite care center providing service Wednesdays and Saturdays from 6:00 to 10:00 p.m., and Sundays from 10:00 a.m. to 6:00 p.m.; 3) the enhancement of its assessment process; and 4) the enhancement of its services to caregivers. When these new services are in place the total program will include adult day health care at multiple locations, in-home respite services, institutional respite services, community respite services, family support programs and dementia-specific educational programs.

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ALZHEIMER'S DISEASE
Training

90AM0269
South Carolina Commission on Aging
Division of Education and Information Service
400 Arbor Lake Drive, Suite B-500
Columbia, SC 29223
Training for Professionals and Paraprofessionals in Services for Alzheimer's Disease and Related Disorders
Kay Mitchell
(803) 734-3203
09/01/87 - 08/31/89 AoA : $ 0 $ 149,109 $ 149,794

This project will provide training on care of Alzheimer's Disease patients for administrators and caregivers in institutional, community and in-home settings. Components of the twenty-four month project include three one-day symposia for nursing home administrators and management staff on planning of care for Alzheimers patients; development of an instructional package that includes a manual and videotape to be used in a six hour teleconference; development of training teams in the ten districts served by Area Agencies on Aging; and use of training teams to train paraprofessional aides on patient management.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

05AM4455
Oneida Tribe of Indians of Wisconsin
P.O. Box 365
Oneida, WI 54155
Oneida Independent Elders Community Support System
Christopher Johns
(414) 869-2214
09/01/87 - 01/31/89 AoA : $ 0 $ 67,991 $ 0

The purpose of this project is to help older people lead more independent and healthier lives by meeting needs through community-based care. The Tribe intends to establish an Independent Elders Community Support System to stimulate a higher level of preventive self-care, self-help, family support, and post-institutionalization in-home care. It is expected that this program will increase the ability of the frail elderly to maintain an independent lifestyle longer and experience less trauma due to health-related institutionalization.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

07AM0339
North Central Flint Hills Area Agency on Aging
2601 Anderson Avenue
Manhattan, KS 66502
Rural Unified Response Accessing Linkages for the Aged (Rural Access)
Monda Spool
(913) 776-9294
09/30/87 - 02/28/89 AoA : $ 0 $ 106,140 $ 0
The purpose of this project is to help older persons and their caregivers by improving access to community services through a computerized information system. This system will link 11 county participating service agencies with the elderly and their caregivers. The project will implement a low cost, inter-organizational, multi-county coordination system for long term case services in a rural-area. Outcomes include increases in interagency referrals, a computerized system for providers and a single point of long term care information access by the elderly and their family caregivers.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

08AM0053
Denver Regional Council of Governments
Aging Services Division
2480 West 26th Avenue, Suite 200B
Denver, CO 80211
Network Linkages For Frail Elderly
Susan C. Aldridge
(303) 455-1000
09/01/87 - 01/31/89 AoA : $ 0 $ 112,423 $ 0
The purpose of this project is to improve hospital referrals for Medicare patients who need housing alternatives and to reduce recidivism rates. Housing needs for this population will be assessed and provided to hospital discharge planners who will then intervene with direct housing counseling for 3,000 dischargees and with follow-up counseling provided to clients placed in transitional housing. Training for discharge planners will be provided and the impacts of the program will be evaluated. Products include: (1) data collection instruments; (2) service/housing data; (3) analysis of Medicare patients' discharges; and (4) training materials.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0180
Monroe County Office for the Aging
375 Westfall Road
Rochester, NY 14620
Tying It All Together: Enhancing the Planning and Availability of Services for the Elderly
Gary R. Merritt
(716) 428-5940
06/01/86 - 11/30/88 AoA : $ 119,927 $ 123,525 $ 0
This project is a collaborative public/private sector effort to make substantial improvements in information, referral, and service provision for older persons. Systems changes will include: providing accurate information to clients, families, and providers; assistance in negotiating the service system; coordinated planning to determine gaps in the continuum of services and joint action to make the requisite services available to older persons and their family caretakers.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0249
Central Indiana Council on Aging, Inc.
615 N. Alabama Street, Suite 336
Indianapolis, IN 46204
Project Independence: Living Alternatives for Seniors
Duane Etienne
(317) 633-6191
09/01/86 - 12/31/88 AoA : $ 382,500 $ 375,000 $ C
Through planning, education, service development and delivery, this project will expand living alternatives for older persons and seek to concretize the system changes necessary to sustain these alternatives. The project focuses on those elderly 75+ who live alone, increases the housing options available to them, and eliminates gaps in community-based services to foster in-home care.

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**ACTIVE GRANTS**
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| PROJECT | FUNDING<br>FY 1986 | FY 1987 | FY 1988 |
|---|---|---|---|

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**COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES**
Demonstration

90AM0181
New York City Department for the Aging
2 Lafayette Street
New York, NY 10007
An Intersystem Partnership
Janet S. Sainer
(212) 577-0829
08/01/86 - 10/31/88 AoA : $ 164,210 $ 143,829 $ 0

This project will demonstrate systems change to improve the lives of older Americans through a partnerhsip between an Area Agency on Aging and a Medicaid agency aimed at expanding access to community-based in-home and other long-term care services for poor and near-poor elderly while maximizing the resources of both agencies. Expected outcomes include: 1) a replicable strategy for increasing agency service capability; 2) specific policies for achieving effective collaboration; 3) greater use of existing resources.

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**COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES**
Demonstration

90AM025[illegible]
Minnesota Department of Human Services
Refugee Program Office
444 Lafayette Road
St. Paul, MN 55101
Community Social Services for Isolated Southeast Asian Elderly Refugees
Sinakhone Khaeng
(612) 297-3210
09/30/86 - 12/31/88 AoA : $ 164,300 $ 34,869 $ 25,600

This project will develop culturally appropriate programs for elderly Asians in four Asian Community Centers. Its goal is to reduce isolation and loneliness and to develop a process of integration into Title III and other programs for the elderly. A program delivery model and a behavioral change model will be developed.

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**COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES**
Demonstration

90AM0259
United Seniors Consumer Cooperative
1334 G Street, N.W., Suite 500
Washington, DC 20005
Automated Benefits Screening Service for the Aging Network
James P. Firman, Ph.D.
(202) 393-6222
08/01/87 - 12/31/88 AoA : $ 0 $ 199,464 $ 0

United Seniors Consumer Cooperative, in collaboration with six area agencies and four service agencies proposes to demonstrate and evaluate a service, "Eligibility Check-Up," which assists people to become aware of up to 50 public and private benefits and programs in which an individual is eligible to participate. This eligibility check-up will be focused for meeting the needs of the vulnerable elderly and the agencies that serve them. Also, the grantee proposes to 1) produce software and a users manual for oganizations; 2) provide services to 6,000 vulnerable elderlay in the D.C. area; 3) conduct an evaluation of benefits and costs; and 4) test national dissemination strategies.

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ACTIVE GRANTS
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PROJECT — FUNDING — FY 1986 — FY 1987 — FY 1988

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0275
Multnomah County Department of Human Services
Aging Services Division
426 S.W. Stark
Portland, OR 97204
The Linking Network Project of the Living at Home Coalition
Jim McConnell
(503) 248-3646
09/01/87 - 12/01/88 AoA : $ 0 $ 150,000 $ 0

The linking networks project is the first step towards a fully comprehensive service system that will include services available seven days a week and an active coalition of health and supportive services providers (public and private) supported by membership dues. This project will demonstrate that a cooperative pooling of service organizations to provide screening, assessment, case management, and supportive services beyond regular business hours can reduce the number of frail elderly who have turned to the community's 24-hour medical emergency services for non-medical problems. The project will organize a pool of on-call case managers to assess needs and arrange for supportive services for seniors not in need of hospitalization, and create a fund for payment of these services when there are no other resources. The outcomes of the project will be an increase in after-hours service providers, an increase in use of cost-effective and appropriate services, and an increase in community service providers wanting to cooperate. Major products will be a working network of service providers, protocols and standards, and billing procedures.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0276
Southwestern Connecticut Agency on Aging, Inc.
276 Park Avenue
Brideport, CT 06604
Bridge to Health
Eileen Lindner
(203) 333-9288
09/01/87 - 01/31/89 AoA : $ 0 $ 149,139 $ 0

The Bridge to Health project will create a new, more effective system of providing health care services to the hard-to-reach elderly in the city of Bridgeport, utilizing the Bridgeport Community Health Center (BCHC) as a point of entry. The goals of the project are: to provide a continuum of care for the elderly between hospital-based and community-based services; to develop a coordinated referral system within the elderly health care network, and to evaluate results and encourage replication in other communities. The project will provide outreach and identification of eligible persons, medical and social services at indigenous outreach sites, identification cards stating status as BCHC patients and liaison with Bridgeport Hospital and other community-based services.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0279
San Juan Pueblo
P.O. Box 1099
San Juan Pueblo, NM 87566
Community-Based Coordinated and Comprehensive Service Delivery System for Senior Citizens
Roy Kenneth Tanner
(505) 852-4214
09/01/87 - 02/28/89 AoA : $ 0 $ 150,330 $ 0

The project will establish a comprehensive and coordinated service delivery system that will focus on the needs of the elderly and their immediate families. This system will incorporate the concepts of "single point of entry to service system" and "family-based case management. The project will also establish a service volunteer valuation system that will make it possible to "tract" volunteer services provided by individuals or families which would be credited toward the receipt of other services needed by the individuals of family. Both systems would reflect traditional Indian customs of family care and cooperation and would thus be culturally relevant. The outcomes include: decreased dependency on federal or governmental resources, increased self-sufficiency through volunteerism, and decreased cost of service delivery through reduction of duplication service delivery functions.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0280
New Jersey Department of Community Affairs
Division on Aging
CN 807 363 West State Street
Trenton, NJ 08625-0807
Hospital Emergency Services
Ronald A. Musyk
(609) 292-3766
09/01/87 - 01/31/89 AoA : $ 0 $ 71,030 $ 0

The purpose of project is to improve linkage of services between hospital emergency rooms and county offices on aging to provide a continuum of care for older perons. Five hospitals in a single county will be involved. Daily emergency room admissions of people 60 years and older will be reviewed to determine if additional supportive services are necessary. Referrals will be made to appropriate agencies. In-service education programs will be provided to the emergency room staff and a directory of aging services will be made available in emergency room areas and free-standing walk-in clinics. The extent to which coordination has occured between the emergency room staff and community aging services will be evaluated.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0281
New York City Department for the Aging
2 Lafayette Street
New York, NY 10007
Hospital Emergency Services and Linkages to Community Aging Services
Mary J. Mayor
(212) 577-0829
09/01/87 - 01/31/89 AoA : $ 0 $ 174,762 $ 0

The purpose of the project is to develop a model of formal linkages between hospital emergency rooms and community aging services in order to assist older persons who are not admitted to the hospial but require some support to return home. The expected outcomes include: (1) a replicable strategy for linking hospital emergency rooms and aging service systems; (2) reduction in inappropriate hospital admissions; and (3) replicable methods to identify and aid older persons who use hospital emergency rooms for non-medical reasons. Products include: (1) model of hospital emergency room and community services linkages; (2) case finding and referral tools and criteria; and (3) the instruments to identify elderly emergency room users for non-medical reasons.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0282
St. Alphonsus Regional Medical Center Geriatric Services
1055 North Curtis Road
Boise, ID 83706
Coordination and Access through Hospital Emergency Services
Molly Young, R.N.
(208) 378-2370
09/01/87 - 01/31/89 AoA : $ 0 $ 173,347 $ 0

The purpose of this project is to integrate case management services in two community-based centers of senior services with the emergency departments of two Medical Centers. Anticipated outcomes include effective and efficient services to older people that utilize emergency services; elimination of discontinuity between the health care setting and the community service network; and to help health care professionals be more knowledgeable about the aging services network and its value as a resource. Older people utilizing emergency room services at the demonstration sites will receive case management, information and referral services. It is expected that 1,425 older persons over age 60 from 4 counties will be served by this project. A profile of patients served will be developed to aid replication of the project in other hospitals, especially in rural areas.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0283
Community Service Council of Greater Tulsa
1430 South Boulder
Tulsa, OK 74119
Local Consolidation of Resources for the Frail Elderly
Nancy Mumma
(918) 585-5557
08/01/87 - 07/31/89 AoA : $ 0 $ 83,904 $ 83,904

The project goal is a county-wide system of cost-effective, quality care for functionally-impaired older persons. Project collaborators seek to consolidate the planning, funding, and oversight of the continuum of services for this group. Collaborators are the Area Agency on Aging, State medicaid program, Veterans Administration, city, county and United Way. The project methodology entails developing the systems needed to create and implement a consolidated case management pilot and an integrated services pilot involving service providers. The project will build on "Best Practice" models. The outcome will be a local management system that pools funding from public and private sources and then contracts with providers that are part of integrated care systems. Examples of products are: model targeting procedures, request for proposals, interagency coordination agreements, performance contracts, quality control procedures, and a management information system software package. Products will be suited to area-wide management of comprehensive care for the frail elderly.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0285
Eastern Shore Community Group
P.O. Box 8
Onancock, VA 23417
Aging Network Linkages - Improving Linkages between the Community Health Care Systems, Health Centers, and Supportive Services
Carolyn D. Rienerth
(804) 787-7373
09/01/87 - 01/31/89 AoA : $ 0 $ 132,566 $ 0

Eastern Shore Community Development Group (area agency on aging) will contract with Eastern Shore Rural Health (Community Health Center) to establish geriatric assessment units in two medical centers in Accomack and Northampton counties to provide comprehensive care and case management to the elderly population. A need for staff with gerontology training will be met by employing a geriatric social worker and nurse practioner to staff units with two Eastern Shore Rural Health physicians. Resources will be allocated to the 12 community-based organizations of the long term care committee on a time-lease basis to conduct staff inservice training, screening/assessments, individual/group counseling development of peer counseling for seniors, training volunteers, etc. Products: geriatric assessment unit, geriatic professionals, training packages, exercise parks for elderly, fitness equipment for seniors, geriatric peer counselling, educational videos, linkages and networking.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0288
Cross Roads of Iowa Area Agency on Aging
1040 Fourth Street
Des Moines, IA 50314
Aging Network Linkages: Utilizing Advocates to Link Discharge Medicare Patients with Emergency Health and Community Support
Dorothy Holland
(515) 244-4046
09/01/87 - 03/01/89 AoA : $ 0 $ 149,870 $ 0

The objective of the program is to improve linkages between Des Moines hospitals and both rural and metropolitan community-based organizations providing in-home care. Adovcates will be creatively utilized for: (1) timely linkages of discharge medicare patients with in-home care; (2) provision of emergency in-home services; and (3) creation and provision of special services for elderly Southeast Asians. Expected outcomes are: (1) provision of in-home care to isolated elderly not currently being served; (2) improved health and supportive services for elderly Southeast Asians; and (3) reductions in hospital readmissions of medicare patients. Major products will include: (1) a training manual for advocates; (2) a videotape, demonstrating the establishment of a advocate program; (3) a written manual to accompany the videotape described above; and (4) data demonstrating the effectiveness of linkages between hospitals and community-based organizations providing in-home care.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0288
Area Agency on Aging of Western Michigan Inc.
Two Fountain Place, Suite 540
Grand Rapids, MI 49503
A 24 Hour Response System for Frail Elderly in a Caregiving Crises
Suzanne Filby Clark
(616) 456-5664
09/01/87 - 01/31/89 AoA : $ 0 $ 102,348 $ 0

The purpose of this project is to establish a 24 hour response system which will manage care giving crises. Objectives include arranging for immediate care, contacting the family, and following through with long-term care planning and management. Methodology includes a special purchase of service account which will be funded by a local foundation and AAAWM. This account will be created to reimburse up to 72 hours of crisis in-home care, as no other payment method usually exists. Two existing community organizations will provide the crisis management program and a home health agency. Outcomes include: (1) providing a needed safety net for 100 vulnerable older persons who have chronic and profound physical or mental problems and who are at risk of leaving their homes; and (2) supporting the role of the family as caregiver.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0289
Rio Grande Council of Governments
Area Agency on Aging
123 Pioneer Plaza
El Paso, TX 79901
El Paso Community-Based Long Term Care Project
Rosemary Castillo
(915) 779-2555
09/01/87 - 12/31/88 AoA : $ 0 $ 200,000 $ 0

The aim is to establish and operate a cost-effective, quality, community-based long term care program for frail elderly residing in Central El Paso who qualify for nursing home care. A comprehensive, consolidated, and capitated service system will provide services in a controlled, flexible and cost-effective manner. Project outcomes will include: 1) a community-based organization targeting services exclusively to the frail vulnerable elderly; 2) facilitation of access to comprehensive services; 3) provision of total care required by this population to remain at home; 4) prevention of inappropriate or premature institutionalization; and 5) ultimately, reduction of costs for serving the frail elderly. Products will include administrative and service policy and procedure manuals, an extensive computerized database on frail Hispanics for organizations developing similar programs, and eventually, technical assistance.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0292
Rhode Island Department of Elder Affairs
79 Washington Street
Providence, RI 02903
Rhode Island Health Care Partnership Program
Kathleen M. McKeon
(401) 277-2858
09/01/87 - 01/31/89 AoA : $ 0 $ 150,000 $ 0

This project will develop and implement a new partnership between the State Agency on Aging, hospitals, and community health centers whose overall objective is to increase effective service for vulnerable older persons. Corollary objectives are todemonstrate a model of hospital-based, post-discharge support for older persons at risk of institutionalization and to test a model of primary health care provided under the auspices of Community Health Center in a multipurpose Senior Center Geriatric Clinic.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0308
Philadelphia Corporation for Aging
111 North Broad Street
Philadelphia, PA 19107
Hospital Emergency Rooms, the Elderly and the Community Aging Network
Becky Phillips
(215) 496-0520
09/30/87 - 02/28/89 AoA : $ 0 $ 245,850 $ 0

This project will develop linkages between two hospital emergency rooms, an area agency on aging, a Senior Center providing emergency home care services and a non-profit health management organization coordinating emergency medical services in a large urban city. Emergency room staff will be trained to identify elderly persons who may need non-medical assistance and work with MSWs placed in the emergency room on a 24 hour basis to conduct assessments and develop emergency service plans. In-home emergency services will be provided to needy individuals until normal services can be arranged through the Department of Social Services. Evaluation data plans, hospital records, assessment, and care management plans will be used to determine the effectiveness of this intervention.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0309
University of Arizona
Long Term Care Gerontology Center
1807 E. Elm
Tucson, AZ 85719
Emergency Medical Services for the Elderly
Theodore Koff, Ed.D.
(602) 626-4854
09/30/87 - 02/28/89 AoA : $ 0 $ 218,763 $ 0

The purpose of this project is to demonstrate the use of case workers, working in five hospital emergency settings, to channel frail elderly into the continuum of community-based services. All patients over age 65 discharged to non-institutional settings will be assessed as to demographics and functional status. The marginally frail will then be thoroughly assessed and randomly assigned to control and test groups. Case managers will direct clients to needed services and assess both groups. Information to be gained includes: a comparison of utilization rates at three emergency departments and a comparison of functional status and needs of test and control groups over time. Personnel will be trained to recognize signs of abuse, poor living situations and need for intervention. At the end of the study these personnel will be made aware of community resources available to the elderly to allow channeling to continue.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0312
Samaritan Health Service, Inc.
Good Samaritan Medical Center
1111 East McDowell Road
Phoenix, AZ 85006
Project S.E.C.U.R.E. (Samaritan Emergency Centers Urgent Response to the Elderly)
Georgia Hall, Ph.D.
(602) 239-5644
09/30/87 - 02/28/89 AoA : $ 0 $ 47,000 $ 200,669

This demonstation project will strengthen linkage between a hospital medical system with four emergency room facilities in Metropolitan Phoenix and the local Area Agency on Aging by expanding emergency room screening and assessment of older persons requiring supportive Social Services on weekends and after-hours. MSW Counselors will be on call 24 hours a day to interview older persons who have not been admitted to the hospital for medical treatment but are identified by emergency room personnel as individuals who may need community or in-home health and social support services. Based on an interview, counselors will make a decision to discharge an indivulval with or without referral to the Area Aging or Aging or conduct a full assessment and provide emergency Social Services until case management can be obtained.

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### COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Information Dissemination/Public Education

90AM0203
Lincoln University
Master of Human Services
Lincoln, PA 19352
Increasing Minority Elderly Participation in Title III Programs
Mapule Ramashala, Ph.D.
(215) 476-6668
07/01/86 - 12/31/88 AoA : $ 199,329 $ 0 $ 49,357
This project will develop and implement best practice models and strategies to address low minority participation in Title III and related programs in Pennsylvania. Outcomes expected include: dissemination of a best practices manual developed by the project and increased service utilization of Title III services by minorities.

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### COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Information Dissemination/Public Education

90AM0353
National Caucus and Center on Black Aged
1424 K Street, N.W., Suite 500
Washington, DC 20005
Capacity Building for Black Local Elected Officials on Programs and Services for the Elderly
Samuel Simmons
(202) 637-8400
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 200,000
The project will increase the capacity of Black elected officials to collaborate with the Aging Network in increasing Black elderly participation in programs for the elderly. Goals of the project are: 1) to develop a network of Black local elected officials working with the Aging Network; 2) to develop training materials to make these officials better informed about available programs for the elderly; 3) to conduct training programs for the officials, and 4) assist national and State task forces to identify and establish specific program activities to be implemented. Major products will be: a report containing information on Federal and State programs for the elderly; "best practice" models for promoting minority participation; and a training curriculum to train the elected officials.

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### COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Research

90AR0103
Jewish Federation Council of Greater Los Angeles
6505 Wilshire Boulevard
Los Angeles, CA 90048
Community Based and In-Home Services for the Frail Elderly - A Cooperative Cities Program
Saul Andron, Ph.D.
(213) 852-1234
08/01/86 - 07/31/89 AoA : $ 46,550 $ 60,000 $ 45,000
OPPL : $ 0 $ 80,000 $ 34,500
The purpose of this project is the transfer of international innovations between Israel and the United States. The cities of Los Angeles and Jerusalem will be linked in a series of exchanges concerning long term care for the frail and economically disadvantaged elderly. Joint seminars, workshops and meetings will be held. Delegations will be exchanged for study visits. Project should result in joint planning and demonstration projects; testing of effective service delivery models and a practice guide focusing on community-based service delivery.

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ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 09/30/88

| PROJECT | FUNDING<br>FY 1986 | FY 1987 | FY 1988 |
|---|---|---|---|

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Research

90AR0106
American Public Welfare Association
Research and Demonstration Department
1125 15th Street NW
Washington, DC 20005
Assessment of the Relationship between Social Services for the Elderly Provided through Title III of the OAA & the Social Services Block Grant
Toshio Tatara, Ph.D.
(202) 293-7550

| 08/01/87 - 12/31/88 | AoA : $ 0 | $ 199,079 | $ 0 |
|---|---|---|---|

The purpose of the study is to assess the relationship between social services for the elderly provided through Title III of the Older Americans Act and through the Social Services Block Grant (SSBG) Program, particulary at the local service delivery level. The project will be conducted in three phases: (1) a National survey of state agencies; (2) a survey of local agencies in 20 to 30 localities; and (3) an in depth, on-site study of local agencies in five localities. The findings are expected to help policy makers at the state and local levels in their efforts to improve targeting, cost control, and agency management of social services to the elderly.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Research

90AR0111
University of Southern Maine
Human Services Development Institute
96 Falmouth Street
Portland, ME 04103
National Study Comparing Successful Community-Based Systems of Care for Older People
Richard H. Fortinsky, PhD
(207) 780-4430

| 09/01/88 - 08/31/90 | AoA : $ 0 | $ 0 | $ 197,929 |
|---|---|---|---|

The purpose of this research is to help communities determine how to build successful systems of care for the elderly using their own local resources and talents. This national research project will compare three different models of coordinated and comprehensive community-based systems of care for the elderly. The models are distinguished by the type of organization that has taken the lead in building a system: (1) Area Agency on Aging; (2) acute care hospital; and (3) residential facility for the elderly. A total of twelve communities will be studied, including four representing each type of organization. Products will include a video, a guide-to-practice series, training curricula, and a national teleconference series based on the training materials, for community leaders wishing to replicate successful models.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Research

90AR0112
University of Alabama
Institute for Social Science Research
P.O. Box 2846
Tuscaloosa, AL 35487-2846
A Network Approach to the Assessment and Development of Comprehensive Coordination in Delivery of Community-Based Services to the Elderly
John M. Bolland, PhD
(205) 348-5152

| 09/01/88 - 08/31/90 | AoA : $ 0 | $ 0 | $ 200,000 |
|---|---|---|---|

This project will conduct an analysis of the delivery of elder services in six Alabama cities. Plans are to model the flow of services through organizations located in the city, to evaluate the impact of coordination on services within each city, and to examine the policy networks that set the health and human service agenda within the city. The project will implement a network development program in each city, through which results are systematically shared with participants in the study. Outcomes will include six profiles, one for each of the six communities.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Research

90AR0113
SAVANT, INC.
1640 Stowe Road, Ste. 200
Reston, VA 22094
Analysis of Community Based Systems of Care
Alan F. Ackman
(703) 689-4846
09/01/88 - 08/31/90 AoA : $ 0 $ 0 $ 198,577

SAVANT and MASUA, a subcontractor, will conduct this study to: 1) describe alternative models for community systems of care which have been successfully implemented; 2) compare and contrast their operations; and 3) promote findings to other communities. Ten communities will be reviewed, each representing different approaches for organising a system of care. The outcomes will include a set of models for State and Area Agencies on Aging and useful information for older persons to advocate for improved community care.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Research

90AR0114
University of Southern California
Andrus Gerontology Center
University Park MC 0191
Los Angeles, CA 90089-0191
Community-Based Systems of Care: A Longitudinal Study of Diverse Communities
Kathleen Wilbur
(213) 743-4764
09/01/88 - 08/31/90 AoA : $ 0 $ 0 $ 192,033

This study will examine the effectiveness of community based systems of care, nationwide, by using the longitudinal approach of historical analysis, surveys, case studies, and review panels. The proposed outcome will be a guidebook addressing critical aspects of community based systems of care for use by State and local communities which be disseminated to all SUAs and AAAs.

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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Research

90AR0116
University of Maryland at College Park
Center on Aging
PERH Building Room 2304
College Park, MD 20742-2611
Field Initiated Research on Community-Based Care
Mark R. Meiners
(301) 454-5393
09/01/88 - 08/31/90 AoA : $ 0 $ 0 $ 200,000

This research project will complement a program recently undertaken by the Robert Wood Johnson Foundation to help eight States promote long-term care insurance. The working hypotheses include examination of whether a data system on State specific long-term care utilization and cost patterns can be developed from existing sources that, when supplemented with selective data collection, can be used to model insurance programs, and also whether home and community care services can be treated as insurable events. The research will assist States to create a data base capable of supporting an insurance program which not only includes home and community-based services but also coordinates the entire spectrum of services which are required to assist elders remain in their homes.

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### COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Technical Assistance

90AM0294
National Pacific/Asian Resource Center on Aging
United Airlines Building, Suite 410
2033 6th Avenue
Seattle, WA 98121
Services to Pacific/Asian Elderly: Mobilizing Resources For Redirection & Realignment
Louise Kamikawa
(206) 448-0313
09/30/87 - 01/31/89 AoA : $ 0 $ 199,979 $ 0

The goals of this project are to: (1) increase Pacific/Asian participation in Older Americans Act Programs both in provision and reception of services; and to impact the efforts of service delivery systems in reaching the Pacific/Asian community. The objectives are to: provide training and technical assistance to area agencies on aging with new and emerging populations of Pacific/Asians in the development of services and programs for the elderly: act as a conduit for resources and information on the Pacific/Asians elderly; produce educational and reference materials regarding service delivery models for the Pacific/Asian elderly; promote placement of interns and the employment of Pacific/Asians in state and area agencies on aging with Pacific/Asian populations; and produce and compile educational materials on the Pacific/Asian elderly to be disseminated to state and area agencies on aging and other organizations.

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### COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Technical Assistance

90AM0295
National Indian Council on Aging
P.O. Box 2088
Albuquerque, NM 87103
Assisting State and Area Agencies on Aging and Tribal Organzations in Developing Community Based Service
Curtis Cook
(505) 242-9505
09/30/87 - 11/30/88 AoA : $ 0 $ 200,000 $ 20,000

This project will foster the development of responsive and coordinated community based service systems in five areas. It will: 1) provide informational materials on the Indian elderly to State and Area Agencies on Aging; 2) conduct seminars in five locations in order to open dialogue between State and Federal Agencies, service providers, and Tribal organizations; 3) train Tribal service providers in Gerontology; and 4) conduct a National conference of State, Federal, Tribal Officials, service providers and elders to discuss improvements in service systems.

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### COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Training

02AD0001
Puerto Rico Department of Social Services
Community & Family Development Program
Box 11398
San Juan, PR 00901
Intergenerational Project for Youth to Provide Assistance to the Elderly
Otto Berdiel
(809) 722-4798
10/01/87 - 02/28/89 AoA : $ 0 $ 49,962 $ 0

This project involves the development of a volunteer youth program to help the elderly who need assistance with activities of daily living. It is designed primarily to promote the independence of the vulnerable elderly. Other objectives include 1) fostering greater intergenerational interaction between the 200 young volunteers and the 70 elderly individuals and 2) utilizing intergenerational interaction on a one-on-one basis to improve attitudes, reduce prejudice, and increase mutual awareness between the two groups. Anticipated outcomes include the following: 1) a cost effective model to help vulnerable elderly remain independent; 2) a reduction in mutual age prejudice and an increase in positive attitudes; and 3) an increased awareness of the other age group's needs.

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ACTIVE GRANTS
Under Title IV of the Older Americans Act
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PROJECT — FUNDING FY 1986 — FY 1987 — FY 1988

**ELDER ABUSE**
Demonstration

90AM0206
Texas Department of Human Services
P.O. Box 2960
Austin, TX 78769
Collaborative Elder Abuse Prevention Project
Alicia Essary
(512) 450-3743
06/30/86 - 06/29/89 AoA : $ 150,000 $ 150,000 $ 0

To prevent elder abuse, this project will: 1) develop Statewide public education campaign to create public awareness; (2) develop Statewide structure for achieving coordinated service delivery system for abused older persons; and (3) develop Statewide cross-organization comprehensive long-range (6 to 10 years) plan for prevention of elder abuse in Texas. The project's executive steering committee will establish State-level work groups to accomplish project tasks.

**ELDER ABUSE**
Demonstration

90AM0210
North Carolina Department of Human Resources
325 North Salisbury Street
Raleigh, NC 27611
Protective Services for Abused Elderly
Beth Barnes
(919) 733-3818
06/30/86 - 06/30/89 AoA : $ 150,000 $ 150,000 $ 0

This project will develop Statewide a coordinated community elder abuse prevention and services program. That program will: 1) develop and field test a public education campaign in five counties which will include guidelines for use with local media; 2) develop multidisciplinary consultation teams to respond to clients' needs in 15 counties; 3) provide training to 10-20 trainers who will train 500 service providers in elder abuse client assessment and follow-up; and 4) provide technical assistance to 21 county Social Services Departments. Products will include a curriculum for training human services professionals.

**ELDER ABUSE**
Demonstration

90AM0272
Intertribal Council of Arizona, Inc.
Area Agency on Aging
124 W Thomas Road, Suite 201
Phoenix, AZ 85013
Protecting Tribal Elderly from Abuse, Neglect, and Exploitation
Violet Mitchell
(602) 248-0071
09/01/87 - 08/31/89 AoA : $ 0 $ 82,060 $ 82,060

Project will implement a coordinated approach to the identification and prevention of elder abuse. Project objectives are to develop model procedures for the provision of protective services, including Tribal codes, operational procedures, and interagency agreements. Outcomes will include a data base regarding abuse of Indian elders, trained tribal staff, procedures for preventing elder abuse and public awareness materials. Major products will include a model tribal legal code, operational procedures, 110 trained tribal staff and public information materials.

### EMPLOYMENT/INCOME SECURITY
Demonstration

90AM0245
American Association for International Aging
1511 K Street, N.W., Suite 443
Washington, DC 20005
Income Generating Projects for the Elderly
Helen Kerschner
(202) 638-6815
07/01/86 - 06/30/89 AoA : $ 108,263 $ 107,851 $ 85,651
OPPL : $ 0 $ 143,916 $ 57,101

Major objective of the project is to find innovative income-generating programs for the elderly in the U.S. and other countries which can be adapted to the U.S. Five demonstration sites will be established and evaluated. Products will include 1) a data base of domestic and international income-generating projects for the aging; 2) reports on particularly innovative income-generating programs; 3) training materials (both written and visual) on how these projects operate and how they can be replicated.

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### ELDER ABUSE
Research

90AR0115
Illinois Department on Aging
Planning and Program Section
421 East Capitol Avenue
Springfield, IL 62701
Comparison of Paid vs Volunteer Multidisciplinary Teams in Providing Community-Based Care to Elderly Abuse Victims
Sally Petrone
(217) 785-0152
08/01/88 - 07/31/90 AoA : $ 0 $ 0 $ 198,202

This research will compare and contrast paid versus voluntary multidisciplinary teams (M-teams) and urban versus rural M-teams in serving elder abuse victims. Two urban and two rural Case Coordinations Units (CCUs) of the Illinois Department on Aging will develop M-teams that will be monitored and evaluated. One Urban and one rural CCU will pay M-team members for their time. The other two will have voluntary teams. The state's elder abuse data base will be used to compare CCUs with M-teams versus comparable CCUs without M-teams. Implementation data will be gathered from telephone interviews, site visits and team minutes to describe how teams are organized, solve problems, and fill service gaps. Impact data will be collected on each victim and after each team meeting. These data will examine differences in the length of time cases stay open, the outcomes of service planning, turnover of team members, costs and benefits of using M-teams, and satisfaction of team members. Research products include data collection instruments for evaluating M-team members, a training curriculum, and papers and presentations about the results.

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### HEALTH CARE/SERVICES - PHYSICAL
Demonstration

90AM0139
Florida Department of Health and Rehabilitative Services
Aging and Adult Services Program
1323 Winewood Boulevard
Tallahassee, FL 32301
State Veterans Administration (VA) Long Term Care for Medically Dependent Frail Elderly
Elizabeth Hamilton, AICP
(904) 488-2881
06/28/85 - 06/30/89 AoA : $ 0 $ 0 $ 0

Utilizing two sites, Miami (Dade County) and rural Marion-Citrus Counties, this project will demonstrate interagency cooperation between the Department of Health and Rehabilitative Services (HRS) and the Veterans Administration (VA). The project will offer frail elderly persons a low cost alternative to nursing home care by provision of medical case management through nurses, and caregiver training to enable the frail elderly to remain at home. Further, curriculum development for the furtherance of gerontology training of both HRS and VA staff will be a primary objective of the project. An assessment instrument focused on caregivers will also be produced based on the collective experience of HRS and VA personnel.

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HEALTH PROMOTION/HEALTH EDUCATION
Demonstration

05AM7032
Lac du Flambeau Band of Chippewa Indians
P.O. Box 67
Lac Du Flambeau, WI 53568
Prevention and Treatment of Alcohol Problems for Older American Indian Persons
Robert Polfus
(715) 588-3371
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 54,481

This demonstration project is designed to provide a model comprehensive service program for older Indians with alcohol problems and their families. The approach will include education, detection, treatment and prevention. An education program will assist family members and caregivers to identify older Indians at risk or showing symptoms of alcohol abuse and will encourage them to make referrals. Comprehensive case management plans will be developed and implemented for persons who have been referred, using trained Indian elders who will serve as role models and service deliverers. Expected outcomes are a reduction in the rate of those of risk of alcohol problems among the aging population and a reduction in the absolute number of older Indians having alcohol problems.

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HEALTH PROMOTION/HEALTH EDUCATION
Demonstration

08AM0061
Blackfeet Tribal Business Council
P.O. Box 850
Browning, MT 59417
Pikuni Recovery Program
Donald Pepion
(406) 338-2531
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 75,000

The Blackfeet Tribal Business Council will develop a culturally relevant community based program for the prevention, treatment and aftercare of older Indians affected by alcoholism and alcohol abuse on the Blackfeet Reservations. The project will have five objectives which provide (1) awareness; (2) counseling; (3) education and training; (4) public education; and (5) social infrastructure activities, events and products. Outcomes of the project include a model culturally relevant counseling program using elders as group facilitators; a 2-year degree program for training and educating Chemical Dependency Counselors for Indian programs; public education materials; and a system for grief and crisis intervention.

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HEALTH CARE/SERVICES - PHYSICAL
Demonstration

90AM0284
Home of Mercy for the Aged
P.O. Box 215
Juncos, PR 00666
Reach and Serve Vulnerable Elderly to Minimize Institutionalization
Jose A. Lopes
(809) 734-0274
09/01/87 - 12/01/88 AoA : $ 0 $ 199,531 $ 0

This is an alternative approach to provide functionally impaired elderly in rural settings with accessible services to prevent institutionalization. The objectives are to: 1) develop a demonstration project designed to promote independence and rehabilitation of rural vulnerable elderly by identifying them through an outreach clinic, giving them a continuum of care using community resources in three rural towns in Puerto Rico; 2) identify 50 elderly per week during 40 weeks through an outreach effort, and provide comprehensive long-term care to 80% of identified elderly; 3) 75% of identified elderly receiving services will be living in their homes. Outcomes: 1) tested service delivery mechanism for rural functionally impaired elderly using community resources for replication; 2) decreased burden on public health system from unnecessary institutionalization; 3) establishment of a service referral system 4) establishment of permanent service network for vulnerable elderly; 5) improved coordination between public/private sectors for service delivery to aged; 6) norms and procedures manual for similar projects.

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ACTIVE GRANTS
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| PROJECT | FUNDING<br>FY 1986 | FY 1987 | FY 1988 |
|---|---|---|---|

**HEALTH PROMOTION/HEALTH EDUCATION**
Demonstration

10AT0023
Coeur d'Alene Tribe
Tribal Social Services
Plummer, ID 83851
Substance Abuse Treatment/Prevention Project for Indian Elders of the Couer d'Alene Indian Reservation
Faith Spotted Eagle
(208) 274-3101
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 75,000

The goal of Elder Intervention Project is to establish a tribally-based program for the detection and treatment of alcoholism among older Indians on the Couer d'Alene Reservation of Idaho. In addition, family counseling services will be provided to families dealing with pre, post and alcoholic older persons. Approximately 35 elders who are seriously affected by alcohol abuse, individually or through family member/users will receive direct services.

**HEALTH PROMOTION/HEALTH EDUCATION**
Information Dissemination/Public Education

90AM0099
National Council on the Aging
600 Maryland Avenue, SW, West Wing 100
Washington, DC 20024
Wellness Year Round
Lidoff Lorraine
(202) 479-1200
09/30/84 - 09/29/89 AoA : $ 25,946 $ 103,447 $ 75,526

The original purpose of this grant has been to involve national voluntary organizations (NVOs) and their affiliates in expanding upon and institutionalizing health promotion activities in community group settings serving older persons. The project built upon the existing commitment and resources of NVOs with current or potential interests in health and/or group programs for older adults. The project has also actively developed and disseminated a wide variety of health promotion materials including technical assistance materials for health promotion programs, a health promotion calendar for older persons, and fact sheets on health promotion for older persons.

**HEALTH PROMOTION/HEALTH EDUCATION**
Information Dissemination/Public Education

90AM0297
Health Officers Association of California
926 J Street, Suite 201
Sacramento, CA 95814
California Traffic Safety Project for Older Adults
Ms.Judith Ludwick
(916) 443-0976
09/15/87 - 02/14/89 AoA : $ 0 $ 149,997 $ 0

This project is a Statewide campaign promoting health for older persons through improved driver and pedestrian safety. The project has several major objectives: (1) increasing the knowledge and awareness of at least 30,000 older Californians about motor vehicle and pedestrian safety; (2) increasing the number of older persons who complete a driver improvement program; (3) increasing the use of safety belts among persons in ten target sites; and (4) establishing Statewide and local networks of organizations serving older persons who will implement and continue health promotion activities. A Statewide Technical Assistance Center will be formed to provide information, materials and consultation. Eight counties and two cities will be targeted for intensive health promotion activities. Individuals and organizations will be trained, older persons will receive materials and attend programs, media campaigns will be conducted, a self-assessment tool will be developed and new organizational networks will be established.

## ACTIVE GRANTS
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PROJECT FUNDING
FY 1986 FY 1987 FY 1988

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HEALTH PROMOTION/HEALTH EDUCATION
Information Dissemination/Public Education

90AM0355
Asociacion Nacional Pro Personas Mayores
2727 West Sixth Street, Suite 270
Los Angeles, CA 90057
Project Prosalud
Carmela Lacayo
(213) 487-1922
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 200,000

The purpose of this grant is to develop health promotion materials and activities targeted to Hispanic elderly. Goals of the project are to: 1) promote wellness and disease prevention among Hispanic elderly; 2) increase Hispanic elderly access to and use of health services, Title III and other social services; 3) enhance the Aging Network's ability to develop and coordinate family and community-based care for Hispanic elderly and; 4) assist the families of Hispanic elderly to prepare for their own aging.

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HEALTH PROMOTION/HEALTH EDUCATION
Information Dissemination/Public Education

90AT0370
New Mexico State Agency on Aging
224 E. Palace Avenue, 4th Floor
Santa Fe, NM 87501
Growing Old with Health and Wisdom: A Multicultural Model
Stephanie J. Fallcreek, DWS
(505) 827-7640
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 150,000

Project goal is to develop a model statewide program that educates older New Mexico Indians and Hispanics about self care. Collaborators on the development of the model include AARP, the American Red Cross, the University of New Mexico Center for Aging Research, Education and Service, the New Mexico State University and the Santa Fe Senior Citizens Department. The three part curricula will focus on self care through "Staying Healthy After Fifty; on mental health through "Growing Wiser" and on rural elders through Rural Geriatric self care clinics. These curricula will be implemented in eight counties and reach about 1,000 elders. Products include "Tailoring Tips" brochure for rural Hispanic and Native American elders and an AoA/Primary Care Association Self Care Clinic Collaboration Model with an inspirational video tape.

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HEALTH PROMOTION/HEALTH EDUCATION
Information Dissemination/Public Education

90AM0298
Florida Department of Highway Safety and Motor Vehicles
Division Florida Highway Patrol
Neil Kirkman Building
Tallahassee, FL 32399-0554
Motor Vehicle and Pedestrian Safety for Aging in Florida
Robert Kirby, (Maj.)
(904) 488-5370
09/15/87 - 02/14/89 AoA : $ 0 $ 145,150 $ 0

This project will conduct a Statewide campaign which addresses the need for public education and awareness of the implications of advancing age and its relationship to driver and pedestrian safety. The campaign, which will be targeted to older persons as well as the general public, will utilize a multimedia approach including print materials in Spanish and English, public service announcements, close captioned videotapes and public information packages. The major outcomes will be increased public awareness of pedestrian and motor vehicle safety and increased participation in AARP's "55 Alive" driver education program. The major products will be public information materials for use by the Florida Highway Patrol and volunteer and other organizations.

ACTIVE GRANTS
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PROJECT
FUNDING
FY 1986 FY 1987 FY 1988

HEALTH PROMOTION/HEALTH EDUCATION
Information Dissemination/Public Education

90AT0374
University of Hawaii
School of Public Health
1960 East-West Road
Honolulu, HI 96822
Elderly Education for Self Care
Lawrence K. Koseki
(808) 948-8036
09/01/88 - 01/31/90 AoA : $ 0 $ 0 $ 149,920

The School of Public Health will design a model self care curriculum and develop a model information packet of practical tips for older persons and their caregivers about early recognition of disease symptoms, seeking help from health care professionals, safe drug use and healthy lifestyles. Materials will be developed in 3 languages: English, Japanese and Illocano. The materials will be developed with input from aging program staff and health care professionals. The materials will be field tested and evaluated using 25 volunteer educators. It is anticipated that approximately 1,750 older persons and their caregivers will enroll in this model program.

HEALTH PROMOTION/HEALTH EDUCATION
Information Dissemination/Public Education

90AT0378
Rhode Island Department of Health
Office of Health Promotion
75 Davis Street
Providence, RI 02908-5097
Promoting Geriatric Self-Care: Enhancing the Management of Chronic Health
Robert Marshall, PhD
(401) 277-6957
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 150,000

The Rhode Island Department of Health, the State Department of Elderly Affairs, and Program in Gerontology at the University of Rhode Island will develop a computerized geriatric health risk appraisal instrument and a manual to enable older people to better manage three chronic diseases: osteoarthritis, diabetes, and heart disease. The program will enhance participants' ability to interact with the health care system. It will be tested in workshops at five community sites and revised extensively to assure its effectiveness. The computerized appraisal instrument and manual will be disseminated through the health department and commercial distributors.

HEALTH PROMOTION/HEALTH EDUCATION
Information Dissemination/Public Education

90AT0381
University of Southern Maine
Human Services Development Institute
96 Falmouth Street
Portland, ME 04103
Fighting a Neglected National Crisis: Elderly Fire Deaths and Injuries
Richard Fortinsky, PhD
(207) 780-4430
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 149,965

The purpose of the project is to provide contemporary video and printed materials to specifically address causes and prevention of fires affecting the elderly. This project will assemble recent information on elderly fire deaths and injuries and integrate this with prevention methods. Using this information, the project will produce and disseminate nationally: 1) four PSA's hosted by a known senior actor, 2) a 20-minute instructive video on elderly fire hazards and prevention, 3) an elderly-oriented fire safety brochure, 4) a curriculum guide on fire prevention and reduction of fire injuries for professional caregivers. The project will sponsor a national conference for National Fire Prevention Association members and conduct an elderly fire prevention campaign as the theme of National Fire Prevention Week for 1989 or 1990.

**HEALTH PROMOTION/HEALTH EDUCATION**
Information Dissemination/Public Education

**90AT0396**
National Association of Home Builders
Builder and Association Services
15th and M Streets, N.W.
Washington, DC 20005
Reducing Fire-Related Injury and Death among the Elderly: A Coordinated Public/Private Approach
Carol Schaa[illegible]
(202) 822-0200
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 149,901

The project will identify the scenarios that result in fires affecting the elderly and the appropriate protection and prevention strategies. Based on this research, materials and a public information program will be developed to help older people eliminate fire risks, detect fires readily, suppress fire rapidly, and increase chances to escape. The grantee will work with its Florida and Ohio state affiliates to implement the public information program through involvement with state fire marshalls' office, the state consumer affairs office and the AARP state chapter. Products will include a report and pamphlets on fire scenarios and prevention strategies, pamphlets on focusing - related and behavioral changes that ensure fire safety, plans for a fire-safety trailer, and the model public education campaign.

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**HEALTH PROMOTION/HEALTH EDUCATION**
Information Dissemination/Public Education

**90AT0397**
Vermont Department of Health
Division of Epidemiology and Disease Prevention
1193 North Avenue, P.O. Box 70
Burlington, VT 05402
Building Community Coalitions for the Prevention of Fires and Burns among the Elderly
Marge Hamrell
(802) 863-7330
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 129,526

Building on existing state elderly fire prevention initiatives, the project seeks to develop community programs to provide public education about fire issues affecting older people and to assist older people to take actions to reduce the incidence of fires and injuries. The project well select at least eight community sites where trained area coordinators will work with local community leaders, elderly firefighters and service providers to plan and implement the community programs. The programs will conduct both "train the trainers" sessions to reach mainstream older people and special outreach activities to reach isolated older people.

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**HEALTH PROMOTION/HEALTH EDUCATION**
Information Dissemination/Public Education

**90AT0399**
Metropolitan Pittsburgh Public Broadcasting
4802 5th Avenue
Pittsburgh, PA 15213
Education for Self Care on Public Television: A Local Demonstration for National Dissemination.
Marc Pollock
(412) 622-1467
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 150,000

Project goal is to produce public television programming that will stimulate the proactive participation of seniors in the management of their own health care. Effort will combine the resources and expertise of WQED Public Broadcasting Station, the Pennsylvania Department on Aging Health & Aging Coalition and the National Association of State Units on Aging to produce 260 half hour television programs that educate older people about managing their health care. Twelve of the programs will be developed for viewing by a national audience, via satellite. Programs will be designed for use "as is" with local information and SUA/AAA tags added; or for use of selected segments in programs created by local users. Dissemination is designed to encourage cooperation on the use of monthly video compendia by local public television stations with the active leadership of the SUA/AAA. Other products include 1) a guidebook; and 2) video teleconferences between local PBS executives and SUA/AAAs to establish and maintain relationships that will encourage nationwide airing of the programs developed.

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HEALTH PROMOTION/HEALTH EDUCATION
Information Dissemination/Public Education

90AT0402
Home of Mercy for the Aged
Box 215
Juncos, PR 00666
Educating Hispanic Elderly and Caregivers for Increased Self Care
Jose A. Lopez
(809) 734-0274
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 150,000

Project goal is to demonstrate an effective model for educating elderly Hispanic persons to assume a more active role in the management of their health care. Grantee plans to effect better utilization of community resources by developing and disseminating health promotion and disease prevention information in a humorous format through statewide television and radio programs based on sound gerontological content and health concepts. Project expects to teach 1,000,000 Puerto Ricans by creating reusable audio visual materials. As an adjunct project will provide direct education to 300 urban and rural elderly through two existing service programs and a telephone hotline. Products include six 30 minute spanish language TV video tapes; 12 TV/Radio spots on categorical illnesses; a hotline; training curricula with group exercises and a procedures manual.

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HEALTH PROMOTION/HEALTH EDUCATION
Information Dissemination/Public Education

90AT0404
University of Pennsylvania
School of Medicine
Rehabilitation Research and Training Center in Aging
Philadelphia, PA 19104
Education for Self Care
Virginia Smith
(215) 898-1058
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 149,632

Project goal is to develop training materials on self care for older persons and their caregivers. Materials will be designed to encourage optimum health care for older persons and to stimulate more efficient use of health resources when the need arises. Materials will focus on ways to reduce inappropriate usehealth care resources. Some materials will be tailored to provide assistance for disabled elders and their families. Input from focus groups will help determine materials content. The Philadelphia Corporation on Aging, the local AAA, will test the products developed, using the 'train the trainer' approach. The State Agency will help disseminate materials to interested parties in the State. A statewide training conference will be held. Products include: 1) "Self Care Fact Sheets" on 30 diseases and chronic conditions; 2) a catalogue of health education materials; 3) 30 five minute audio self help tapes; 4) 10 minute VHS and Beta video tapes on selected topics; and 5) a series of evaluation reports.

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HEALTH PROMOTION/HEALTH EDUCATION
Information Dissemination/Public Education

90AT0405
Case Western Reserve University (CWRU)
School of Medicine
Division of Geriatric Medicine
Cleveland, OH 44106
Education for Self Care in the Elderly: A Model for Ohio
Jerome Kowal
(216) 844-7246
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 140,279

Program goal is to develop, implement and disseminate a model self care training program for the elderly of Ohio. Project activities stress the role of health peer counselors and use the "train the trainers" approach. Training modules will be directed toward expanding knowledge about good health, life style changes, and personal advocacy. Modules will be tested in the region served by the Western Reserve Area Agency on Aging (Cleveland SMSA). Project will be coordinated through the Geratric Education Center at CWRU's School of Medicine, Collaborators include a consortium with other Northeast medical schools. Products will be disseminated to the Ohio network of AAAs and will include: 1) a ten session training series; 2) a 40 hour train the trainer program on self care and adult learning strategies; 3) a training manual for senior trainers; and 4) evaluation protocols to assess the model's effectiveness.

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                        ACTIVE GRANTS
           Under Title IV of the Older Americans Act
                       As of 09/30/88
PROJECT                                 FUNDING
                                        FY 1986        FY 1987        FY 1988
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HEALTH PROMOTION/HEALTH EDUCATION
 Research

90AT0376
 University of Southern California
 Andrus Gerontology Center
 Los Angeles, CA  90089-0191
  Pharmaceutical Consultation as a Community Service
Neal Cutler
(213) 743-7137
09/30/88 - 09/30/89          AoA  : $       0       $       0       $ 128,273
Project goal is to develop a model community based pharmaceutical
consultation service for older people.  Access to multiple medicines
prescribed by different doctors and purchased from multiple sources,
including chain and mail order pharmacies, can impact older people's daily
living as well as public policy in the pharamceutical and aging arenas.
Grantee will identify existing services; analyze design and assess costs and
personnel factors; and determine potential responses to pharmaceutical
consultation as part of the community service system.  Products include:  1)
a national program inventory; 2) feasibility data on personnel, costs and
public response; and 3) program model(s).
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HEALTH PROMOTION/HEALTH EDUCATION
 Training

90AM0261
 American Foundation for the Blind
 15 West 16th Street
 New York, NY  10011
  A Training Model to Teach Community Outreach Workers to Train Elderly
  Blind & Visually Impaired America
Roberta Orr
(212) 620-2000
09/01/87 - 01/31/89          AoA  : $       0       $ 193,788       $       0
This project will develop a 7 module rehabilitaion training model to teach
200 Indian Health Service indigenous Community Health representatives (CHRS)
to train 10,000 elderly blind and visually impaired American Indians
adaptive independent living skills in order to insure physical and
psychological independent functioning, and prevent costly and premature
institutionalization.  The training consists of five, 5 week on-site
training sessions carried out by a rehabilitation teacher.  Pre and post
assessment of community health representatives will provide the data for
analysis, revealing the effectiveness of the training model.  The model and
findings will be disseminated to local, state, and Federal organizations,
agencies on aging and blindness, as well as to National Indian
Organizations.
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HEALTH PROMOTION/HEALTH EDUCATION
 Information Dissemination/Public Education

90AT0406
 Michigan Office of Services to the Aging
 Box 30026
 Lansing, MI  48909
  Older People And Fire: Meeting The Need To Know
Cherie Mollison
(517) 373-4072
09/30/88 - 02/28/90          AoA  : $       0       $       0       $ 114,000
The project provides fire prevention education to over 800 older people and
200 firefighters in Michigan.  Specific objectives include expanding and
improving existing public information materials; training firefighters
regarding special needs of elderly and their role as educators;
dissemination of material through local aging and firefighter networks;
testing educational model through presentations in three sites; producing
public service announcements; conducting and monitoring two community
education programs for older people in each of Michigan's 14 PSA's; and
reporting recommendations on home modification needs identified by older
people attending the education programs.
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                              ACTIVE GRANTS
                Under Title IV of the Older Americans Act
                              As of 09/30/88
PROJECT
                                        FUNDING
                                        FY 1986         FY 1987         FY 1988
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HEALTH PROMOTION/HEALTH EDUCATION
 Training

90AT0346
 Louisiana State University Medical Center
 School of Dentistry
 1440 Canal Street, Suite 1510
 New Orleans, LA  70112-2784
  Geriatric Dentistry for Practicing Dentists and Other Health Personnel
Benjamin Legett, Jr,DDS
(504) 948-8531
09/30/87 - 02/28/89             AoA  : $       0       $  55,659      $        0
The project provides continuing education in geriatric dentistry for
dentists and other health professionals in nine locations in the State.  The
first phase is a one day course addressing delivery and attitude issues
involved in geriatric dentistry.  The second phase is an 8 hour
participation course to prepare dentists, physicians and nursing staff to
institute dental care programs in long term care facitities.  Participants
will perform dental services on patients at bedside, using portable
equipment.
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HEALTH PROMOTION/HEALTH EDUCATION
 Training

90AT0356
 Creighton University
 Center for Healthy Aging
 42nd & Center Streets
 Omaha, NE  68105
  Geriatric Self Help Center
David Haber, PhD
(402) 341-1197
09/30/88 - 09/29/89             AoA  : $       0       $       0      $ 149,982
The Geriatric Self-Help Center has two goals:  to encourage older persons
and their caregivers to join self-help groups; and to foster collaboration
between self-help groups and geriatrically trained professionals.  The
project, which will focus on the states of Illinois and Nebraska, will
sponsor a statewide conference in each state designed to attract a total of
800 persons; will refer at least 150 persons to self-help groups; will
sponsor workshops for geriatrically trained professionals designed to
encourage them to become involved with and refer their clients to self-help
groups; and will produce and disseminate 5 booklets on self-help.  The
project is a collaborative effort among two State Departments on Aging, two
State Self-Help Clearinghouses, State Educational Programs for Health
Promotion, Regional Geriatric Education Centers, AARP and other volunatary
organisations including a foundation committed to support the project after
the grant terminates.
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HEALTH PROMOTION/HEALTH EDUCATION
 Training

90AT0373
 College of Mount Saint Joseph
 .
 Mt. St. Joseph, OH  45051
  PATHS: Positive Adults Taking Health Seriously
Kathleen Presbindowski, PhD
(513) 244-4403
09/01/88 - 01/31/90             AoA  : $       0       $       0      $ 150,000
The goal of this project is to expand the successful Positive Adults
Taking Health Seriously (PATHs) program Statewide by enlisting the support
of Area Agencies throughout Ohio.  The target population includes inner city
minority elders, age 65 plus, and nursing home residents who are 85 and
over.  A training manual will be developed as a resource for training older
persons about ways to improve their health status and exercise techniques
which can be adopted by older persons.  The project will employ  role
playing and stimulate the development of suppport groups to encourage better
self care.  In addition to the resource guide, the project will product two
health education/exercise training videos.

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ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 09/30/88

| PROJECT | FUNDING<br>FY 1986 | FY 1987 | FY 1988 |
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HEALTH PROMOTION/HEALTH EDUCATION
Training

90AT0377
University of Arizona
Department of Family and Community Medicine
1450 N. Cherry Avenue
Tuscon, AZ 85719
Health Peers: A Partnership for Aging in Arizona
Evan Kligman, M.D.
(602) 626-6983
09/01/88 - 01/31/90 AoA : $ 0 $ 0 $ 148,938

Project goal is to train older adults as health peer counselors, who will return to the community to teach risk reduction behaviors. Project AGEWELL will be used as a model for teaching behaviors designed to prevent disease and promote self care for chronic conditions commonly experienced by older people. Basic approaches for preventing cardiovascular diseases, cancer, osteoporsis and common injuries along with self care techniques for early detection of chronic conditions will be stressed. Low income hispanic elders will be the target population. The AAA will assist in dissemination of products developed. Products include program curricula and guidebook in English and Spanish languages, bilingual handout materials; four quarterly newsletters and an evaluation report.

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HEALTH PROMOTION/HEALTH EDUCATION
Training

90AT0382
Northwestern University
Center for Nursing
633 Clark Street
Evanston, IL 60208
Self Care Education Project
Lucille Davis, PhD
(312) 908-8298
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 109,893

Project goal is to develop self care education materials for black elders. Project activities concentrate on managing three chronic conditions prevalent among black elderly--hypertension, arthritis and diabetes. Activities include training 40 elderly volunteers to pilot test materials and teach self care skills to their peers at four sites and a national conference to disseminate revised materials. Pilot test sites include a church, senior center, settlement house and community health center--a unique collaboration in an urban area. Activities include collaboration with the National Caucus/Center on Black Aging Annual meeting, cooperation with the State and Area Agencies on Aging and state and local organizations. Products include 1) Black Elderly Self Care Education package; 2) Volunteer Training Manual; and 3) National Conference on Black Elderly Self Care.

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HEALTH PROMOTION/HEALTH EDUCATION
Training

90AT0375
Columbia University
Center for Geriatrics and Gerontology
100 Haven Avenue, Tower 3, 29th Floor
New York, NY 10032
Education for Self Care: Promotion of Self Care in Community Health
Ruth Bennett
(212) 781-0600
09/01/88 - 01/31/89 AoA : $ 0 $ 0 $ 149,712

The project will train Community Health Centers (CHCs) nurses in the care of the elderly. It will develop training modules and materials to promote greater self-care in the chronically ill elderly and to provide information about self-care to their caregivers. The project will conduct a survey of the CHC staffs to determine the most commonly encountered and troubling chronic diseases and conditions. Five training modules will be developed and field-tested. The modules will be disseminated to other Community Health Centers in New York State with widespread dissemination of the materials which prove to be most useful.

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PROJECT FUNDING
FY 1986 FY 1987 FY 1988

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HEALTH PROMOTION - DENTAL
Information Dissemination/Public Education

90AT0354
Western Consortium for the Health Professions, Inc.
703 Market Street
San Francisco, CA 94103
California Geriatric Dental Health Promotion
Robert Isman, D.D.S.
(415) 546-7601
09/01/87 - 05/31/89 AoA : $ 0 $ 142,165 $ 7,836
This project will provide oral health assessments to older people, educate older people in dental hygiene and prepare dental and other health professionals to meet the oral health needs of older people. Two existing state networks will be utilised. The Preventive Health Care for the Aging (PHCA) Programs will train 48 nurses to provide oral health assessments and dental health education to approximately 18,000 seniors at nutrition sites, senior centers and senior housing projects in 20 planning and service areas. The children's Dental Disease Prevention Program in six counties will recruit and train volunteer dentists, hygienists and retired people to conduct dental health education sessions at sites where older people congregate. Other activities include production of written and audio visual materials for health promotion, improved coordination with dental professionals, and three workshops.

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HEALTH PROMOTION - DENTAL
Technical Assistance

90AT0328
American Association of Dental Schools
1625 Massachusetts Avenue N.W.
Washington, DC 20036
Expanding and Improving the Predoctoral Curricula in Geriatrics in U.S. Dental Schools
Mercedes Bern Klug
(202) 667-9433
08/01/87 - 11/30/88 AoA : $ 0 $ 144,576 $ 0
The purpose of the project is to improve geriatric education provided by U.S. Dental Schools. The project will complete revision of AADS curriculum guidelines in geriatric dentistry, produce a resource package for faculty to use in implementing the guidelines, and present the resource material, with technical assistance as needed, to dental faculty through a series of regional workshops. Faculty will be assisted to implement the curriculum changes appropriate for their institutions. Articles about this project will be prepared for the Journal of Dental Education, the Journal of the American Dental Association and other dentistry publications.

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HEALTH PROMOTION - DENTAL
Technical Assistance

90AT0344
University of Washington
School of Dentistry, SB-24
Seattle, WA 98195
Statewide Oral Health Promotion Campaign for Washington's Elderly
Asuman Kiyak, Ph.D.
(206) 543-5197
08/01/87 - 10/31/88 AoA : $ 0 $ 149,700 $ 0
The project will conduct a statewide oral health promotion campaign to educate older persons and their caregivers in community and nursing home settings about the value of oral health care. Health educators and dentists will work through the State Office of Aging and Adult Services, the 13 Area Agencies, the Washington Dental Association and the Washington Health Care Association to contact and work directly with older people and their caregivers to teach behaviors and attitudes which will lead to improved dental health practices, recognition of systems of oral disease and knowledge of how to secure resources in the community.

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PROJECT FUNDING
FY 1986 FY 1987 FY 1988

HEALTH PROMOTION - DENTAL
Training

90AT0333
University of Missouri-Kansas City
5100 Rockhill Road
Kansas City, MO 64110
Missouri Geriatric Oral Health Training and Promotion Program
Harvey Carlson, D.D.S.
(816) 276-2012
09/01/87 - 01/31/89 AoA : $ 0 $ 94,382 $ 0

The project will 1) integrate geriatric dental knowledge into the curricula of the dental and dental hygiene programs in the University of Missouri-Kansas City School of Dentistry; 2) establish a Statewide network of 340 trained dentists, hygienists and non-dental professionals to serve as geriatric consultants and dental care providers; and 3) disseminate materials on oral health care to agencies, long-term care facilities, and older adult populations. Area Agencies will be focal points for dental health screening and distribution of training materials. Project will be replicated throughout Kansas.

HEALTH PROMOTION - DENTAL
Training

90AT0334
Middlesex Community College
Division of Community Services
P.O. Box T
Bedford, MA 01730
Project SMILE: Curricula Development and Training of Dental Care Practioners and Others
Barbara Sherman
(617) 275-8910
09/30/87 - 02/28/89 AoA : $ 0 $ 78,133 $ 0

In conjunction with the college's Gerontology Center and the nearby Va geriatric dental program, the project will increase dental health awareness among older people and health professionals through: 1) training dentists, hygienists and assistants in geriatric dental skills and understanding; 2) training dental health faculty in 2 year colleges to incorporate geriatric dental care curricula into their programs; 3) training nursing home and Ombudsman program staff on providing dental care; and 4) training 15-20 older volunteers to promote dental health among older people.

HEALTH PROMOTION - DENTAL
Training

90AT0332
University of Iowa
Department of Preventive and Community Dentistry
Dental Science Building
Iowa City, IA 52242
Oral Health Training and Referral Program for the Frail Elderly
Henrietta Logan, Ph.D.
(319) 335-7184
09/01/87 - 01/31/89 AoA : $ 0 $ 149,802 $ 0

The project seeks to develop awareness of the dental needs of the frail elderly among professional caregivers. The project will identify and develop materials tailored for the use of the visiting Nurse Association, Public Health Nursing Bureau, and Homemaker-Health Aide and implement a program to train caregivers of these organizations to provide oral health care for their elderly clients. Trainees will learn to identify oral health needs, teach care and preventive techniques to their clients and family caregivers and refer clients for dental treatment.

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                                ACTIVE GRANTS
                   Under Title IV of the Older Americans Act
                               As of 09/30/88

PROJECT                                   FUNDING
                                          FY 1986          FY 1987           FY 1988
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HEALTH PROMOTION - DENTAL
 Training

90AT0336
 University of Kentucky
 105 Kinkead Hall
 Lexington, KY  40506
  Oral Health Care Strategies for Family Caregivers in Appalachia
Stanley Saxe, DMDMSD
(606) 233-6384
08/01/87 - 12/31/88            AoA  : $        0        $ 149,915        $        0
This project will train family caregivers to provide oral health maintenance
and cope with oral problems of homebound victims of arthritis, stroke,
Parkinson's Disease and Alzheimer's Disease.  Sites are in Kentucky,
Tennessee and West Virginia.  Older volunteers will be recruited to help
develop and evaluate instructional materials, videotapes and printed modules
for family caregivers.  Retired dentists will be recruited as volunteer
educators for family caregivers.
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HEALTH PROMOTION - DENTAL
 Training

90AT0337
 Arizona Department of Health
 Division of Family Service, Office of Dental Health
 1740 West Adams, Room 303
 Phoenix, AZ  85007
  Statewide Dental Health Promotion and Education for the Elderly in Arizona
Jack Dillenberg, DDSMPH
(602) 255-1866
09/01/87 - 03/31/89            AoA  : $        0      . $ 137,685        $        0
The project will train dental auxiliaries and other health workers to
provide oral health care to homebound older persons; develop a Statewide
public education program on oral health maintenance; and conduct
continuating education workshops in geriatric dental care in three regions
of the state for dentists, hygienists, dental assistants, technicians,
visiting nurses, and Social Workers/case managers.
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HEALTH PROMOTION - DENTAL
 Training

90AT0349
 University of Mississippi Medical Center
 School of Dentistry
 2500 North State Street
 Jackson, MS  39216
  Expanding the Role of Physicians in Oral Health Promotion for the Elderly
Ames Tryon, D.D.S.
(601) 984-6060
09/01/87 - 01/31/89            AoA  : $        0        $ 135,736        $        0
The project will provide training in oral health assessment, problem
identification, patient education and referral of elderly patients to a
group of 40 family practitioners.  Trainees will receive classroom
instruction and one-on-one training, using a model curriculum consisting of
videotapes, study guides, training manuals, patient education brochures and
a model referral system.  The impact of the program will be evaluated by
comparing baseline findings from each participant's practice with post
training studies.
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HEALTH PROMOTION - MENTAL HEALTH
Information Dissemination/Public Education

90AM0299
Asociacion Nacional Pro Personas Mayores
2727 West Sixth Street, Suite 270
Los Angeles, CA 90057
Project Bienestar (Well-Being)
Carmela Lacayo
(213) 487-1922
09/01/87 - 01/31/90 AoA : $ 0 $ 150,000 $ 0

This project will conduct a public awareness campaign to promote better mental health and use of formal mental health care services among Hispanic and other low-income elderly in California. In addition, the project is designed to improve outreach, diagnosis and treatment methods used by providers for mental health networks; and increase corporate sector and community involvement in mental health issues. The project will produce and disseminate a number of informational materials that will be utilized in a Statewide mass media and community outreach campaign; train older workers and volunteers as peer counselors; conduct a Symposium on Mental Health for Low-Income Elderly to educate providers and community leaders about the mental health needs of the target population; and sponsor a Mental Health Awareness Week for Low-Income Elderly.

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HEALTH PROMOTION - MENTAL HEALTH
Information Dissemination/Public Education

90AM0300
Montana Department of Family Services
Aging Services Bureau
Box 8005
Helena, MT 59604
Improving Mental Health Care Services to Montana Elders: New Strategies & Solutions to Enduring Problems
Robert Bartholomew
(406) 444-5650
09/01/87 - 01/31/89 AoA : $ 0 $ 149,769 $ 0

This statewide public education campaign is designed to promote better mental health among older Montanans including off-reservation and on-reservation Indian elders. It will undertake several different educational activities including (1) four educational seminars directed at 650 mental health care providers in five locations; (2) provide informational seminars in 56 counties and seven Indian reservations; and (3) convene a two-day Statewide conference on mental health care problems, deficiencies in the current delivery system, and develop strategies for improvements in the system. The project will produce and disseminate a number of media materials and develop a document on strategies for improving the mental health care system and improving utilization of services.

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HEALTH PROMOTION - MENTAL HEALTH
Information Dissemination/Public Education

90AM0301
Florida Department of Mental and Rehabilitative Services
Aging and Adult Services
1317 Winewood Blvd
Tallahassee, FL 32399-0700
Information, Education and Training: A Multi-Faceted Approach to Improving the Mental Health of the Elderly
Victoria Flynn
(904) 488-2650
09/30/87 - 02/28/89 AoA : $ 0 $ 148,257 $ 0

This project is designed to promote better mental health by assisting vulnerable older persons and their families to identify symptoms of depression, stress, and other mental health problems and provide information about where to go for assistance. The project will utilize a three-pronged approach which will (1) increase public awareness of the mental health needs of the elderly through a Statewide media campaign; (2) educate caregivers, physicians nursing home administrators and other providers about mental health problems of older persons, especially those resulting from prescription misuse and abuse; and (3) develop training packages for adult congregate living facility operators and adult foster home sponsors. The project will also target suicide prevention among both the elderly and young adults. Products will include mental health training packages, videos, television talk shows, slide presentations, public service announcements and informational brochures and posters.

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HEALTH PROMOTION - MENTAL HEALTH
Information Dissemination/Public Education

90AM0302
Oregon State University - Extension Service
Milam Hall, Room 161
Corvallis, OR 97331-3211
A Community Multi-Media Mental Health Education Program for the Elderly and their Families
Vicki L. Schmall
(503) 754-3211
09/29/87 - 11/30/89 AoA : $ 0 $ 130,169 $ 0

This project will assist older persons and their families to recognize and respond to mental health problems in older persons. The project is designed to produce quality interactive educational programming which involves audience participation and problem-solving. Three comprehensive multi-media health education programs will be produced: (1) loss and grief; (2) dealing with depression, and (3) alcohol in later life. The programs will be distributed in all 36 counties in Oregon as well as Indian reservations. Professionals and older adults will be trained to assist in the presentations. This project is a collaborative effort between the University, the Oregon Senior Service Division, Mental Health Division, Office of Alcohol and Drug Abuse, Area Agencies on Aging, Governor's Commission on Senior Services and other agencies.

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HEALTH PROMOTION - MENTAL HEALTH
Information Dissemination/Public Education

90AT0348
University of Hawaii
School of Public Health
2444 Dole Street
Honolulu, HI 96822
Community Mental Health Promotion
Jerrold Michael, Ph.D.
(808) 948-8491
09/15/87 - 07/31/89 AoA : $ 0 $ 149,289 $ 0

This project will strenthen community response to mental health needs of the elderly in Hawaii. Three strategies will be employed. First, a Statewide media Campaign will be implemented using the three major languages of the islands: Japanese, English and Tagalog. In addition, small group educational sessions will be conducted to increase awareness and sensitivities among older persons, their families and the general public about the mental health aspects of aging and sources of assistance. A second strategy will be to use natural helpers to recruit isolated elderly for small support groups to enhance knowledge and coping skills on Oahu and Hawaii Islands. The third component of the project will be to increase interagency linkage and cooperative efforts among personnel of community mental health and senior-oriented service agencies.

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HEALTH PROMOTION - MENTAL HEALTH
Training

90AT0347
Rhode Island Department of Mental Health, Retardation and Hospital
Division of Mental Health
600 New London Avenue
Cranston, RI 02920
Mental Health Awareness Program for Seniors
Daniel McCarthy
(401) 464-3291
09/30/87 - 02/28/89 AoA : $ 0 $ 129,480 $ 0

The Mental Health Awareness Project for Seniors is a Statewide education campaign for older persons, their families, and service providers to promote better mental health among older persons in Rhode Island. Interagency teams, including elderly leaders, will be trained to educate and counsel seniors and their families through workshops, support groups, and individual peer counseling. Some older persons will receive more intensive treatment at Community Mental Health Center satellite programs located in senior centers. Regional conferences will assist in educating human service professionals about current research, early intervention and referral resources. A Statewide television and radio campaign will reach many additional Rhode Islanders. The project is designed to strengthen interagency linkages, produce an innovative training package and educational media campaign, and advance the state of knowledge on mental health promotion for older persons.

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HOUSING/LIVING ARRANGEMENTS
Demonstration

90AM0303
NAHB National Research Center
Economics & Policy Analysis Division
400 Prince Georges Center Blvd
Upper Marlboro, MD 20772-8731
A Demonstration to Retrofit Existing Housing for the Elderly
Carol Sobel
(301) 249-4000
09/30/87 - 02/28/89 AoA : $ 0 $ 149,356 $ 0

This project's goal is to develop a method for allowing elderly persons to age in place. The NAHB National Research Center's (NAHB/NRC) approach to achieve this goal is to target training to building professionals on available state-of-the-art building products and design solutions for elderly retrofit. NAHB/NRC will work with its state association in Florida to develop a pilot program which will eventually be made available to each of the 50 state associations. The program will be closely coordinated with the Florida Departments of Health and Rehabilitative Services, Community Affairs, and the newly formed Florida Committee on Housing the Elderly. Project products include: two training seminars, training and promotional materials, an inspection manual, magazine and newspaper articles, and an innovative information packet to both facilitate understanding of the technical program and assure the quality and effectiveness of the technical solutions.

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HOUSING/LIVING ARRANGEMENTS
Demonstration

90AM0323
Illinois Department on Aging
Older American Services
421 East Capitol Avenue
Springfield, IL 62702
Illinois Department on Aging, Older American Services
Rance Carpenter
(217) 785-3142
08/01/88 - 07/31/90 AoA : $ 0 $ 0 $ 142,695

The Illinois Housing Leadership Network will be established as a system for housing planning, coordinated by the State Unit on Aging and operated at the local level by Area Agencies on Aging. The applicant will develop and evaluate a participatory process for local housing planning; initiate improvements in State legislation, regulation and coordination among agencies and groups to increase housing alternatives for the elderly; and document the project and the outcomes for replication in other communities and States. The two-year project will operate in an area comprised of 16 urban to rural counties with a population of 670,000 elderly. Existing needs assessments, model legislation, zoning ordinances, and planning processes will be disseminated to and used by local planning councils to create acceptable housing alternatives for the elderly. Replication will be tested in the second year of the project. Dissemination will be ongoing and include publicity, public presentations and the national distribution of a "How To" manual.

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HOUSING/LIVING ARRANGEMENTS
Demonstration

90AM0324
West Virginia Commission on Aging
State Capitol Complex
Charleston, WV 25305
CHOICE - Community Housing Options Impacting Care of the Elderly
Thomas Dudley
(304) 348-3317
08/01/88 - 07/31/90 AoA : $ 0 $ 0 $ 200,000

The grantee, in conjunction with the West Virginia Housing Fund, is coordinating a State initiative that will concentrate on developing a range of housing alternatives for West Virginia seniors which are supported by services that reinforce independent living. The target group for this project are West Virginians at risk of institutionalization, with major emphasis on rural models. The major thrusts of the project are; creation of a State level structure involving housing and social support agencies; design and implementation of a financing package to support development of new or modified housing options independent of Federal/State monies; development of a coordinated supportive service package for reinforcing various housing alternatives; implementation of a Statewide training program for effective impact, and; a determination of specific alternate housing modes that will be culturally and financially acceptable for West Virginia's unique circumstances and population.

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ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 09/30/88

PROJECT — FUNDING FY 1986 — FY 1987 — FY 1988

HOUSING/LIVING ARRANGEMENTS
Training

90AM0175
Cornell University
N.Y.S. College of Human Ecology
123 Day Hall, P.O. Box DH
Ithaca, NY 14853
Removing Regulatory Barriers to Housing Options for the Elderly
Patricia B. Pollak, Ph.D.
(607) 255-2579
06/30/86 - 01/31/89 AoA : $ 128,692 $ 0 $ 0

The project will develop a public policy education program focusing on regulatory barriers to the development of community based housing options for the elderly. The goal is to educate local municipal officials and professional planners about the community housing needs of an aging society, the barriers which local land use and zoning regulations pose on housing innovation, and the means by which local regulations can be modified or amended to facilitate these options. Project will produce a guide to land use and zoning for housing options and will conduct 8 local government training workshops.

HOUSING/LIVING ARRANGEMENTS
Demonstration

90AM0343
North Carolina Department of Human Resources
Division of Aging
1985 Umstead Drive
Raleigh, NC 27603
Community Based Housing - Aging in Place
Nita Stewart
(919) 733-3983
09/01/88 - 08/31/90 AoA : $ 0 $ 0 $ 200,000

The grantee, in conjunction with Area Agencies on Aging and the North Carolina Housing Finance Agency, seeks to improve existing housing stock and increase housing options for the elderly living in rural areas. The project involves the following initiatives: 1) development of affordable, quality housing options including adaptive reuse of existing structures by completing assessments, underwriting market studies and using innovative funding sources; 2) improving housing stock by enhancing existing home repair programs; and 3) increasing the cash flow of older home owners through the development of demonstration Home Equity Conversion Programs. Results will be compiled, published and presented to government policy makers and key industry representatives. These reports will provide tools for further development of elderly housing.

INFORMAL CAREGIVING
Demonstration

90AM0267
National Association of State Units on Aging
2033 K Street, NW Suite 304
Washington, DC 20006
Enhancing State Public Personnel Policies/Programs To Support Employee Caregivers and Their Older Family Members
Theresa Lambert
(202) 785-0707
09/01/87 - 01/31/89 AoA : $ 0 $ 174,992 $ 0

This project will promote the adoption of State public personnel policies/programs to support employees who are caregivers for elderly relatives. State personnel agencies and State Units on Aging will collaborate to (1) create awareness regarding employee caregiver issues; (2) provide information about policy/program options which assist caregivers; and (3) demonstrate the adoption of policy/program options for employee caregivers and elderly relatives. Expected outcomes include: increased knowledge of issues and options for employee caregivers; establishment of elderly caregiver policies/programs in three States; linkages and collaboration between State personnel and aging agencies.

INFORMAL CAREGIVING
Demonstration

90AM0311
Washington Business Group on Health
229 1/2 Pennsylvania Avenue, S.E.
Washington, DC 20003
Partnerships in Aging: A Coalition Approach
Carol Cronin
(202) 547-6644
09/30/87 - 09/30/89 AoA : $ 0 $ 170,526 $ 236,334

Project will facilitate linkages between regional business/health coalitions and the aging network. Four coalitions working with community agencies will each initiate one project related to employed caregivers and their adult dependents in the areas of corporate policy change, alternative work options, benefit redesign, employee education, information and referral, community agency assistance and volunteerism. Regional roundtable meetings facilitated by the Washington Business Group on Health, the National Association of State Units on Aging, and Brandeis University will address policy options. Other products include: 1) a background paper and policy report; 2) training materials for AAA's interested in working with corporations; and 3) an information and referral booklet for employers. Eight additional partnerships will be established between business/health coalitions and the aging network to address a policy or program need that they identify in their local communities. These eight local partnerships are intended to promote corporate understanding of aging issues and to increase corporate support of aging initiatives.

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INFORMAL CAREGIVING
Information Dissemination/Public Education

90AM0227
University of South Florida
Suncoast Gerontology Center
12901 North 30th Street, Box 50
Tampa, FL 33612
Developing and Disseminating Caregiver Know-How
Eric Pfeiffer, M.D.
(813) 974-4355
09/30/86 - 12/31/88 AoA : $ 124,951 $ 75,000 $ 0

The project is a two-pronged approach to the development and dissemination of caregiver know-how in a large metropolitan area. It is a collaborative effort involving a long-term care gerontology center, two AAAs, and a commercial TV station that is designed to improve the ability of family caregivers to provide care. The first program element is a series of monthly public forums to provide practical information to caregivers. For each forum presentation, a succinct pamphlet will be produced and distributed. The second program element is a "Caregiver" segment on a weekly commercial television show, "The Time of Your Life." The "Caregiver" segment will deal with 12 topics addressing specific aspects of the caregiver task. Under the FY 1988 supplement, the project will develop a monogragh to provide policy-makers, administrators, care service system providers, and key community leaders a fuller understanding of the services potentially available to informal caregivers of Alzheimer's Disease victims and of strategies for developing these services in community settings.

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INFORMAL CAREGIVING
Information Dissemination/Public Education

90AM0237
University of Nevada-Reno
Geriatric and Gerontology Center
MacKay Science Building, Room 315
Reno, NV 89557
The Role of Seniors as Consultants to Caregivers of the Disabled Elderly
Betty Dodson, MS,Eds
(702) 786-7200
09/01/86 - 10/31/88 AoA : $ 149,040 $ 0 $ 0

This Statewide project is designed to demonstrate that senior volunteers, trained as resource consultants, can effectively improve the home-based care of frail/disabled older persons by using three model approaches to providing information to caregivers: 1) Community Health Nurse model, for isolated, rural communities; 2) Multiple Agency model (for semi-urban areas); and 3) Action model for metropolitan areas. The volunteer consultants will visit families in their homes in rural and urban communities and Indian reservations to: identify needs; provide information; facilitate referrals; help determine solutions to specific problems and evaluate their implementation. Specific products will include: health education materials, culturally adapted for Native Americans; information on home-based management of special problems; and a Caregiver Needs Assessment Inventory and manuals for the three models.

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                                  ACTIVE GRANTS
                     Under Title IV of the Older Americans Act
                                  As of 09/30/88

PROJECT                                 FUNDING
                                        FY 1986          FY 1987          FY 1988
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INFORMAL CAREGIVING
 Information Dissemination/Public Education

90AM0246
 Metro Dade County Elderly Services Division
 111 N.W. First Street
 Miami, FL  33128
  Bilingual Television Series for Caregivers in English and Spanish
Howard Russell
(305) 375-5335
09/30/86 - 02/28/89              AoA  : $ 136,866      $  45,000      $        0
A nine part television series for caregivers of the elderly will be produced
and broadcast to approximately 2.7 million potential viewers in Southeast
Florida.  The series, focusing on elderly caregivers of the elderly, will
also be available in video cassettes for distribution to community groups,
hospitals, libraries, businesses, and individuals in their homes.  Elderly
volunteers will lead discussions, counsel caregivers and generate public
support for the series.  These programs will circumvent the problems
associated with support group attendance, e.g., transportation and respite
care, by disseminating information in the caregivers' homes and other
frequented sites.  With basic topics such as "personal care," "utilizing
community resources" and "stress management," the expected outcome is a
large audience of older persons more informed as caregivers and better able
to maintain frail elders at home.
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INFORMAL CAREGIVING
 Information Dissemination/Public Education

90AT0361
 University of Bridgeport
 Center for the Study of Aging
 Bridgeport, CT  06601
  Corporate Employee Assistance Programs and Eldercare
Donna L. Wagner, PhD
(203) 576-4358
09/30/88 - 09/29/89              AoA  : $        0     $        0     $ 141,118
The project will provide intensive training seminars in caregiving and aging
issues and resources to selected professional staff of corporate Employee
Assistance Programs (EAP's) through the use of teleconferencing technology.
Seminar models will be developed which are easily replicated within the
corporate/human resource community.  A package of materials will be
developed for use by companies to implement caregiving resource services
within their EAP/human resource departments.  Linkages will be fostered
between State Offices on Aging and corporate EAP's.
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INSTITUTIONAL LONG TERM CARE
 Demonstration

90AM0278
 South Central Michigan Commission on Aging
 8135 Cox's Drive, Suite 1-C
 Portage, MI  49002
  Nursing Home Model for Family and Community Links
Mary Sawicki
(616) 327-4321
09/01/87 - 01/31/89              AoA  : $        0     $  70,880      $        0
The purpose of the projects is to develop and mobilize a range of
community-linked activities and services that will improve the quality of
life for older people residing in nursing homes.  The project will establish
a community-linked enrichment program in five (5) nursing homes.  Part of
the program will include designing and implementing a nursing home version
of the "As Parents Grow Older" program for the families of residents.
Expected outcomes include minimizing isolation of nursing home residents and
increasing the family involvement with institutionalized relatives.
Products include: (1) project summary with information relevent to
replicating model in other areas; and (2) training package for the nursing
home version of the "As Parents Grow Older" program.
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PROJECT FUNDING
FY 1986 FY 1987 FY 1988

LEGAL SERVICES
Demonstration

90AM0265
Pension Rights Center
918 16th Streets, N.W. Suite 704
Washington, DC 20006
National Pension Assistance Project
Karen Ferguson
(202) 296-3778
09/01/87 - 11/30/88 AoA : $ 0 $ 187,130 $ 0

Project activities will be designed to relieve older workers' critical need for assistance with pension problems. Private bar involvement in the delivary of such assistance will be encouraged by the Legal Outreach Program's two new "Private Bar Involvement Network Programs" as well as by ongoing programs. The center's Information and Referral Service will develop the "Pension Rights Education Initiative" to educate human service providers about elderly people's pension problems. Futher, a model training course and related materials, a Pension Handbook and a fact sheet entitled "New Pension Rights" will be produced.

LEGAL SERVICES
Demonstration

90AM0271
National Bar Association
1225 11th Street, N.W.
Washington, DC 20001
Black Elderly Legal Assistance Support Project
John Crump
(202) 842-3900
09/01/87 - 10/31/88 AoA : $ 0 $ 150,000 $ 0

Through this project, model clinical law programs designed to encourage partnerships between black attorneys and law students will be developed. Project activities will focus on assisting the private black bar to provide pro bono services to older people. Curriculum and other training materials will be demonstrated by lawyers and students in cooperation with at least one black law school. Collaboration will be continued or initiated with SUA/AAAs, providers of legal services to the elderly and professional and community services organisations concerned with improving the delivery of services to the black elderly.

INSTITUTIONAL LONG TERM CARE
Research

90AM0290
Florida Department of Health and Rehabilitative Services
Office of Evaluation and Management Review
1323 Winewood Blvd.
Tallahassee, FL 32301
Application of the Tracer Method to Study Quality of Care in Domiciliary Care Facilities
Nancy Ross, Ph.D.
(904) 488-8722
09/01/87 - 04/30/89 AoA : $ 0 $ 126,496 $ 0

A Tracer approach will be used to assess "good" and "poor" domiciliary care facilities in Florida. Major objectives are: 1) testing transferability of approach to other settings: 2) examining quality and appropriateness of care; and 3) determining the feasibility of using a simplifed tracer approach being developed in Israel. Major products are: a document translating Florida's and Israel's experiences into a form usable by other states and two technical reports.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 09/30/88

PROJECT — FUNDING FY 1986 — FY 1987 — FY 1988

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LEGAL SERVICES
Demonstration

90AM0338
Nevada Division for Aging Services
505 East King Street, #101
Carson City, NV 89710
Carson and Rural Elders (CARE) Law Project
Donna Schnieder
(702) 885-4210
09/30/88 - 09/29/90 AoA : $ 0 $ 0 $ 68,457

The Carson and Rural Elders (CARE) Law Project will demonstrate the delivery of legal assistance to homebound rural older persons in Nevada through a network of volunteer seniors, pro bono attorneys, the State's Legal Services Developer, and Nevada Legal Services working in conjunction with the State's Division for Aging services' Community Home-based Initiative Program (CHIP). The project will create a model for affording frail and homebound older people legal services. The services provided will be selected based upon the needs assessment performed at the beginning of the project. There are five specific objectives: completing a legal needs assessment, recruiting and training "Senior Advocates", involving pro bono attorneys, delivering legal services, and creating a comprehensive manual for replication elsewhere.

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LEGAL SERVICES
Demonstration

90AM0352
Wisconsin Bureau on Aging
P. O. Box 7851
Madison, WI 53707
Assuring Quality and Accessibility of Legal Assistance to Vulnerable Elderly
James Kellerman
(608) 266-2695
09/30/88 - 09/29/90 AoA : $ 0 $ 0 $ 165,413

Wisconsin has a unique statewide legal services system using lay advocates located in each county aging unit. The lay advocates are supervised by attorneys located at the regional level. This study will conduct a statewide survey of legal needs of older people with special emphasis on the legal needs of minority older people (Black, Hispanic, and Indian). It will also assess the responsiveness of the system to those needs. Based upon the study, recommendations for systems improvement will be developed. The second year of the project will concentrate on implementing those recommendations. The project will disseminate its findings and products (including the needs assessment methodology) nationally. The American Bar Association Commission on Legal Problems of the Elderly will serve as a contractor on this grant.

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LEGAL SERVICES
Information Dissemination/Public Education

90AM0325
National Clearinghouse for Legal Services
407 South Dearborn, Suite 400
Chicago, IL 60605
Substantive Legal Assistance and Support
Michael Leonard
(312) 939-3830
09/30/88 - 09/29/90 AoA : $ 0 $ 0 $ 66,903

This project will provide legal information and research services to providers of legal assistance to the elderly. The Clearinghouse will provide both legal services developers in State Agencies on Aging and staff of legal services providers supported under Title III of the Older Americans Act with: 1) computer-assisted legal research (CALR) and related services; 2) subscriptions to "Clearinghouse Review" which reports on legal develpments affecting the nation's poor and is the only journal in the country devoted to poor people and the law; and 3) copies of judicial decisions, legal pleadings and other materials from its 44,000+ document collection. Data-bases supported include: LEXIS, WESTLAW, NEXIS, DIALOG, VABS, AUTO-CITE/INSTA-CITE, SHEPHARDS, AgeLine, ABLEDATA, and ELSS. Information on available resources and the use of these data bases is provided regularly in CCAR POOL, the NCLS newsletter.

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LEGAL SERVICES
Research

90AR0120
American Indian Law Center, Inc.
P. O. Box 4456 - Station A
Albuquerque, NM 87196
Legal Needs of American Indian Elders Research Project
Toby F. Grossman
(505) 277-5462
09/30/88 - 09/20/89 AoA : $ 0 $ 0 $ 100,000

The project will examine three levels of government - Tribal, Federal and State/county to determine the legal needs of American Indian Elders. The major areas of concern to be studied include: guardianships, elder abuse, trust land leasing, access to human services programs, lack of access to loans. The project will review legal codes, including tribal codes, to determine their impact on Indian elders. The project will also collect information from a range of organizations with responsibility for assisting Indian Elders. The result will be a final report which will survey the legal framework which supports the provision of services to Indian elderly, make recommendations for change, and provide a model tribal ordinance on guardianship. The project advisory board, which will play a major role in developing the project, includes many nationally recognized experts. An additional product of the study will be a collection of tribal codes in the University of New Mexico Law Library which will be available for inter-library loan. A synopsis of the final report will be published in the AILC Newsletter.

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LEGAL SERVICES
Technical Assistance

90AM0213
American Bar Association
Commission on Legal Problems of the Elderly
760 North Lake Shore Drive
Chicago, IL 60611
Legal Assistance and Counseling for the Elderly
Nancy Coleman
(202) 331-2297
08/01/86 - 12/31/88 AoA : $ 150,000 $ 99,998 $ 0

The American Bar Association Commission on Legal Problems of the Elderly will transfer knowledge about private bar involvement with the aging and legal networks by developing a series of packages on: 1) private bar association committees on the elderly; 2) how SUAs/AAAs can approach private bars; 3) development of pro bono and reduced fee assistance for older people; 4) private bar involvement in lifetime planning for the elderly; and 5) a media package on community legal education for the elderly. This project will also address the issue of grandparent visitation rights by: 1) developing an authoritative guide for use by courts, private attorneys, other professionals working in this area, and State legislators; and 2) recommendations for ABA policy on this issue including revision of uniform statutes, factors considered by judges, and family law practice.

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LEGAL SERVICES
Technical Assistance

90AM0260
Center for Social Gerontology
117 North First St, Suite 204
Ann Arbor, MI 48104
National Support Project in Law & Aging
Penelope Hommel
(313) 665-1126
08/01/87 - 11/30/88 AoA : $ 0 $ 180,460 $ 0

A comprehensive, written guide to planning, designing, implementing and assessing legal delivery systems will be developed for the use of State Legal Services Developers, Area Agency on Aging (AAA) staff and legal services providers. Development of the guide will be conducted in consultation with the National Association of State Units on Aging and in coordination with other national legal projects and/or organizations. Through network building activities conducted under the project, ten seminars on legal delivery systems will be convened to train 500 AAA funders of legal services programs, legal services providers, state developers and ombudsman. Seminars will focus on planning, developing, delivering and evaluating elderly legal services programs. The project will continue to disseminate Best Practices Exchange mailings, analyses and evaluations of the reauthorized Older Americans Act, and reports of the ten seminars cited above. Further, substantive materials produced under the FY 1985-86 AoA Title IV project will continue to be updated.

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LEGAL SERVICES
Technical Assistance

90AM0330
The Center for Social Gerontology
117 North First Street, Suite 204
Ann Arbor, MI 48104
A National Support Project to Enhance Legal Assistance to Older People
Penelope Hommel
(313) 665-1126
09/30/88 - 09/29/90 AoA : $ 0 $ 0 $ 249,995

The project addresses aspects of all components of the legal assistance system to strengthen leadership roles of State Agencies on Aging in developing legal assistance for older persons. The project is based on a two tiered approach to the delivery of technical assistance. Tier one is State specific and will involve providing on site training and assistance to 25 States over a two year period. Using a menu system each State will be able to customize its program. Tier Two is national support and will include: 1) providing advice and assistance upon request; 2) publishing "Best Practice Notes; 3) serving as a clearinghouse for sample forms; 4) providing substantive legal assistance, case consultation, and training on alternatives to guardianship and other (to be selected) areas; and 5) publishing "The Legal Advocate" on substantive issues.

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LEGAL SERVICES
Technical Assistance

90AM0331
Legal Counsel for the Elderly/AARP
P. O. Box 19269-GPCD
Washington, DC 20036
National Legal Assistance Support Project
Wayne Moore
(202) 662-4933
09/30/88 - 09/29/90 AoA : $ 0 $ 0 $ 350,856

This project will provide national legal assistance support by: 1) helping develop in 6 to 10 States the capacity to conduct training in substantive law and advocacy skills; 2) operating the National Support in Protective Services Law to assist advocates in promoting the independce and dignity of older persons by providing bi-monthly mailings and assistance upon request; 3) operating a library-by-mail program which will lend legal reference books to agency staff upon request; 4) establishing 3 to 5 Statewide volunteer advocacy networks; 5) establishing 3 or 4 Statewide Legal Hotlines based upon the model developed by LCE in Pennsylvania; 6) for legal assistance or representative payee programs, recruiting volunteers and providing technical assistance on the use of those volunteers; and 7) providing technical assistance to State Agencies on Aging on implementation of the Older Americans Act Amendments of 1987.

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LEGAL SERVICES
Technical Assistance

90AM0344
American Bar Association
750 North Lake Shore Drive
Chicago, IL 60611
National Legal Assistance Support in Private Attorney Involvement
Nancy Coleman
(202) 331-2297
09/30/88 - 09/29/90 AoA : $ 0 $ 0 $ 215,302

The project will strengthen the leadership capacity of the State Agencies on Aging in the area of legal assistance. During 1988-89, the grant will facilitate: 1) increased private attorney involvement through pro bono, reduced fee and community education projects using assistance to the State Agencies on Aging (SUAs) and the State Bar Committees on the Elderly; 2) publication of: a) "BIFOCAL", b) the "Bulletin for Bar Committees on the Elderly," and c) an updated "Law and Aging Resource Guide"; 3) development of: a pro bono recruitment video and a basic attorney's guide for effective representation of proposed wards in guardianship proceedings; 4) apprising SUAs of legislative and policy developments in the protective services area; 5) providing intensive assistance to SUAs in the development of: a) coordinated Statewide legal assistance systems, b) effective linkages with State court systems, and c) effective linkages with mediation and dispute resolution projects.

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**LEGAL SERVICES**
Technical Assistance

90AM0347
National Senior Citizens Law Center
2025 M Street, N. W.
Washington, DC 20036
National Legal Assistance Support Project
Burton D. Frets
(202) 887-5280
09/30/88 - 09/29/90 AoA : $ 0 $ 0 $ 283,071

This project will provide national legal assistance support though: 1) Case Consultation -- will be available to State and Area Agencies on Aging, legal assistance developers and providers, ombudsman, and others involved in representing older people, including access to a staff of highly experienced attorneys with expertise in the areas of law most often of importance to older people; 2) Training -- will be provided for experienced advocates in SSI Non-disability Eligibility, Resources and Overpayment Issues and Age Discrimination; 3) Substantive Advice and Technical Assistance -- will be offered through telephone and written consultations, analysis, strategic planning, and through the preparation of articles and memoranda; 4) Design, Implementation, and Evaluation of Legal Assistance Delivery Systems -- to assist State and Area Agencies on Aging and legal assistance developers and providers; and 5) Publications -- "Tax Reference Guide." Social Security Cookbook," "The Rights of Older Workers," and "Health and Pension Benefits After Retirement."

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**LEGAL SERVICES**
Technical Assistance

90AM0351
National Bar Association
1225 11th Street, N. W.
Washington, DC 20001-4217
Black Legal Assistance Support Project
Maurice Foster
(202) 842-3900
09/30/88 - 09/29/90 AoA : $ 0 $ 0 $ 186,163

The aim is to assist the State Agencies on Aging (SUAs) to work with NBA Chapters, in order to encourage the recruitment and utilization of the Black attorneys' network to increase the delivery of legal assistance to the Black elderly, especially the poor. Specific strategies will be to increase Black lawyer involvement in providing pro bono legal assistance and to implement jointly sponsored community legal education and outreach programs. The NBA will provide technical assistance to both the SUAs and the NBA chapters in developing and implementing joint programs. Project activities will include: holding a series of structured meetings familiarizing SUAs and NBA Chapters with each other's capacity; updating the "Directory of Minority Bar Association Committees on the Elderly" for distribution to the SUAs; providing legal support to Black attorneys providing pro bono assistance; publishing quarterly activities updates; and providing assistance to States initiating cooperative programs to help the Black elderly poor.

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LEGAL SERVICES
Training

90AM0262
American Association of Retired Persons
Legal Counsel for the Elderly
P.O. Box 19269-GPCD
Washington, DC 20036
National Legal Assistance Support Project
Horace Deets
(202) 662-4933
09/30/87 - 10/31/88 AoA : $ 0 $ 200,000 $ 0

Project will assure SUA/AAAs and legal assistance providers nationwide the following legal assistance support: 1) training in elderly law and advocacy skills for 600 lawyers, paralegals, volunteers and AAA staff at 18 State sites; 2) recruiting and training of 2300 volunteers for 20 agencies nationwide; 3) providing both TA on the effective use of volunteer legal assistance projects and 6 volunteer financial management service projects; 4) distributing a semi-annual list of legal resource and training materials through AARP's free library loan program; and 5) providing nationwide, case training and trainer training packages and 2300 volunteers to serve legislative support on protective services. Products include training and trainer training packages; 6 representative payee projects to serve approximately 130 older people; 4 legal assistance projects to serve approximately 402 older people; an updated bibliography with abstracts of current legal materials including at least 60 new publications; and written materials on protective services.

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MANAGEMENT OF AGING PROGRAMS
Demonstration

90PD0104
Florida Department of Health and Rehabilitative Services
Aging & Adult Services Program Office
1321 Winewood Boulevard
Tallahassee, FL 32301
Unified Administrative System for a Continuing Care Community
Margaret L. Duggar
(904) 488-2881
05/01/85 - 03/31/89 AoA : $ 275,148 $ 250,000 $ 0
OPPL : $ 0 $ 0 $ 25,000

The project seeks to develop a unified administrative system for a continuing care community suitable for replication throughout the State. The project's objectives are to: (a) foster cross-agency case management; (b) remove currently existing gaps in services by waiving selected Federal and State eligibility requirements; and (c) implement a community-based administrtive system which supports integrated service delivery in an effective manner. The project will operate in two demonstration sites -- a rural community in Dowling Park, Advent Christian Village, of lead agency responsibility for services to the elderly, public/private agency configurations, agency locations and scope of services provided.

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MANAGEMENT OF AGING PROGRAMS
Research

90AR0107
National Association of State Units on Aging
2033 K Street NW, Suite 304
Washington, DC 20006
A Self-Assessment Protocol for Measuring the Performance of State Units on Aging
Daniel Quirk
(202) 785-0707
09/01/87 - 10/31/88 AoA : $ 0 $ 199,990 $ 0

NASUA, with the Research Triangle Institute (RTI) and Savant, Inc., will design a protocol which allows State Units to determine how well they have carried out the Legislative mandates of the Older Americans Act for comprehensive service system development, and followed good management practices in pursuit of this goal. The project team will construct a tool which identifies State Unit service system building activities, shows the State Organizational changes which resulted from these efforts, determines what improvements in the quality of care for older persons occurred, and measures the effectiveness of Inter Management Controls in this regard. The project will build on known examples of performance audits, agency analysis from a business perspective and assessments of community care systems development activities. The approach involves identifying relevant domains of analysis using the concept of stakeholder interviews, and developing a standard instrument and procedures with which State Units can evaluate and improve their service systems building capacity. To link State Units in using these tools, Nasua will develop an implementative process to assist State Units with forward planning in service system development.

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PREPARATION FOR AGING
Demonstration

90AM0154
ALTA MED Medical Services
Indiana Senior Care Center
512 South Indiana Street
Los Angeles, CA 90063
The Linkages Program: Natural Networks for Life Services Plans Through Community Organization
Juli Solis, Ph.D.
(213) 263-0466
06/28/85 - 12/31/88 AoA : $ 0 $ 0 $ 0

Project will organize and strengthen community-based care for the frail and 'at risk' elderly in order to reduce reliance on formal, government-funded services for activities of daily living. Project will assist community organizations in development of volunteer programs and fund raising; develop life service plans for 70 clients; and involve families, neighbors and graduate students in training programs.

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PREPARATION FOR AGING
Demonstration

90AM0152
Huntington Memorial Hospital
Senior Care Network
10 Congress Street
Pasadena, CA 91105
Develop and Test a Life Services Planning Model
Monika White, Ph.D.
(818) 356-3110
06/28/85 - 11/30/88 AoA : $ 0 $ 0 $ 0

The Senior Care Network at Huntington Memorial Hospital is engaged in a demonstartion designed to assist individuals, primarily in the 50-70 year age group, to develop plans for their potential long term care needs. The project has generated tremendous interest from the wider professional community in learning how this process could be applied in their own practices, particularly attorneys, financial planners, discharge planners, case managers, and other senior-serving personnel. The project will train professionals to assist the elderly and their families in establishing plans for a safer and more secure future. The focus will be on implementing a training program and preparing teaching materials, including video tapes. The original projects Advisory Board, consisting of legal and financial experts, would be continued to guide the development of the new program. the expanded efforts will target those who work with the elderly in other capacities. This will achieve a multiplier effect since more seniors and their families will be reached by serving them through several sources. In addition, the training will heighten awareness and understanding of the issues faced by individuals as they age, thus improving the level of their professional services.

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PREPARATION FOR AGING
Demonstration

90AM0182
New Jersey Department of Community Affairs
Division on Aging
263 West State Street, CN 807
Trenton, NJ 08625
Model Program to Assist Selected Groups in Mid-Life to Understand Aging
Ronald Muzyk
(609) 292-3766
06/30/86 - 12/31/88 AoA : $ 41,759 $ 44,450 $ 0

This project will develop four training modules: health, leisure time, financial planning, and general aging; for persons in mid-life in order to assist them in understanding the aging process and planning for their own later life. It will be demonstrated in work settings to a diverse group of employees. Evaluation will be in two parts, at the conclusion of the session and six months later to observe the impact of the program. Project objectives are: (1) to develop training materials which will assist persons in mid-life to plan for later life; (2) to field-test the materials at selected sites; and (3) to evaluate the results of the training materials and the impact upon the participants. The program will be designed for use nationwide and for diverse groups.

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PREPARATION FOR AGING
Demonstration

90AM0184
Long Island University
Southampton Campus
Southampton, NY 11968
Pre-Retirement Planning for Mid-Life Women
Christopher Hayes, Ph.D.
(516) 283-4019
06/30/86 - 03/31/89 AoA : $ 121,457 $ 126,485 $ 0

In collaboration with the National Council on Aging, the project will identify the planning needs of women and will develop, test and disseminate models to encourage realistic planning and to develop the skills necessary to prepare for an independent, secure old age. The project will develop: (1) written synthesis of all relevant research on women, aging and pre-retirement planning; (2) a research and education-for-aging workshop program for women and a 150-200 page workshop manual; (3) material for mid-life women will be tested in 16 sites in the Washington, New York and Baltimore areas and extensive evaluation will be conducted; and (4) the workshop manual will be printed and widely disseminated.

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PREPARATION FOR AGING
Demonstration

90AM0219
University of Delaware
Dept. of Individual & Family Studies
Rextrew House, 321 South College Ave.
Newark, DE 19716
Interactive Planning for Family Futures
Barbara Settles, Ph.D.
(302) 451-2934
08/01/86 - 01/31/89 AoA : $ 150,000 $ 150,000 $ 0

This project addresses the need for self funding personal and family futures through appropriate lifestyle planning during the mid-life decades. Four approaches based on one conceptual framework will be tested across Delaware with samples from three age groups in urban and rural settings. Each approach will yield a major product: 1) Manual and materials for group and individual sessions for peer counseling training; 2) Videotext for use by videotext information services and electronic mail systems; 3) Videotape for business training programs and home use; and 4) Interactive computer simulation for personal computer in the home or workplace. Existing research on current perceptions of aging and lifecourse transitions by the targeted groups will also be synthesized.

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PREPARATION FOR AGING
Information Dissemination/Public Education

90AM0215
Metropolitan Community College
Office of the Vice Chancellor, Educational Services
3200 Broadway
Kansas City, MO 04111
LIFEPLAN: Educating Middle Aged Adults on the Need for Long Range Planning
Wayne Giles, Ph.D.
(816) 756-0220
08/01/86 - 03/31/89 AoA : $ 191,790 $ 200,000 $ 0

This project will educate the general public toward a positive perception of America's elderly, and teach middle-aged citizens the skills of lifetime planning so as to assure retirement years which are independent and productive. Lifeplan will: (1) significantly influence the general public toward a positive perception of people over 65; (2) motivate middle-aged citizens to begin personal planning for their retirement years; (3) emphasize the need for individual responsibility for self reliance; and (4) provide expert opinions by creditable professionals in the fields of financial, physical and mental health. The project will: (A) produce and air 48 thirty-minute video modules and 48 public service video and radio announcements; (B) each quarter provide a major Lifeplan seminar in finance, physical and mental health; (C) conduct on-site Lifeplan seminars for employees of area businesses; (D) provide on-going continuing education opportunities; (E) package the curriculums of Lifeplan in generic print and video materials; and (F) efficiently disseminate Lifeplan throughout the country.

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PREPARATION FOR AGING
Training

90AM0176
The Conference Board
Work & Family Information Center
845 Third Avenue
New York, NY 10022
Education and Training to Prepare Key Social Institutions to Meet the Needs of an Aging Society - Focus on Corporations and Labor
Helen Dennis, M.A.
(213) 743-5156
07/01/86 - 07/30/89 AoA : $ 146,867 $ 34,481 $ 65,760

This project is designed to educate management and labor on ways to increase employment and retention opportunities for older workers. Objectives are to: (1) increase knowledge and skills of corporate managers to make decisions which will encourage employment and retention of older workers; (2) identify opportunities for older workers by creating a plan for policy and programmatic changes within corporations; (3) increase awareness of decision-makers regarding the impact of an aging society; and (4) provide educational materials about older workers to local unions. A nationally tested management training program on aging will be presented by the project director and subsequently by 20 corporate trainers to 500 managers from 20 leading California corporations. Managers will participate in writing a manual identifying corporate changes that will increase use of older workers. The program, evaluation results and manual will be disseminated at a seminar for decision-makers. Also, five state-of-the-art fact sheets on aging, written specifically for labor, will be disseminated to 200 local California unions. The Age Issues in Management program will help provide The Conference Board with "cutting edge" information that is consistent with its mission in providing the best information to management through management education.

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PROTECTIVE SERVICES
Demonstration

90AM0174
Michigan Office of Services to the Aging
P.O. Box 30026
Lansing, MI 43909
Improving the Quality of Guardianship Programs
Mary James
(517) 373-8563
06/01/86 - 10/31/88 AoA : $ 60,140 $ 23,178 $ 0

Project will develop comprehensive standards to ensure the quality of guardianship services for older persons in need and disseminate the standards for use throughout the state. Technical assistance will be provided to develop model guardianship programs in selected Michigan communities. Products shared with other States will include best practice guidelines, a brochure for guardians, and a model set of standards for guardianship services.

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PROTECTIVE SERVICES
Demonstration

90AM0263
Pierce County Area Agency on Aging
2401 S. 35th Street
Tacoma, WA 98409
Improved Access and Volunteer Community Services for the Unserved Elderly in Tacoma-Pierce County
David Jensen
(206) 591-6079
08/01/87 - 12/31/89 AoA : $ 0 $ 169,395 $ 0

This Neighbor-to-Neighbor Project will design and promote an informal neighborhood response system to reach approximately three hundred frail older persons in greatest social and economic need who are not receiving services from the formal services system and who are vulnerable to losing their independence and ability to live at home. Project will identify and train volunteers in selected communities to act as gatekeepers and develop local responses to the needs of these seniors in their specific communities. Three communities, two rural and one urban, will participate in the program based on senior population, social-economic mix, service utility patterns and sense of community . Expected outcomes and products: (1) Informal service systems responsive to specific needs in target communities; (2) Locally based gatekeeper programs in the target communities; (3) Implementation of a marketing plan to county residents which encourages development of Neighbor-to-Neighbor and the gatekeeping approach in other communities; and (4) Instructional package for replication of Neighbor-to-Neighbor in other communities.

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PROTECTIVE SERVICES
Demonstration

90AM0326
Ohio Department of Aging
50 West Broad Street, 9th Floor
Columbus, OH 43266-0501
Ohio Department of Aging/Trumbull County Probate Court Guardianship Diversion Project
Roland Hornbostel
(614) 466-1220
08/01/88 - 07/31/90 AoA : $ 0 $ 0 $ 115,656

The Guardianship Diversion Project, to be located in the Trumbull County Probate court will: 1) Evaluate potential wards, seeking alternatives to guardianship to preserve maximum self reliance and civil rights; 2) Evaluate current wards and their guardians with efforts to establish less restrictive alternatives to guardianship; 3) Provide on-going case management for clients in cooperation with social service providers; 4) Present training workshops for attorneys, physicians, service providers and others to spread awareness of the objectives of the project and community resources; 5) Develop materials for use by other probate courts including a manual, a software program, and a video. The results of the project will be presented at meetings of the National and State Probate Judges Associations and other appropriate forums.

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PROTECTIVE SERVICES
Demonstration

90AM0346
Michigan Office of Services to the Aging
P. O. Box 30026
Lansing, MI 48909
Facilitating the Use of Alternatives to Gurdianship
Mary James
(517) 373-8563
09/30/88 - 09/29/90 AoA : $ 0 $ 0 $ 146,106

This project will test the use of a dispute resolution/mediation model to avoid the use of guardianship. The project will link community-based agencies which provide comprehensive assessment, care planning, service brokering and follow-up with the local Probate Court. The Chief Probate Judge will refer, for comprehensive assessment, older individuals against whom guardianship petitions are filed. Specially trained support services/health services personnel will assess the individual's capacities, social support systems, and need for assistance prior to the scheduling of a hearing. If an orchestrated array of support and/or money management services is sufficient to meet the individual's needs, mediation will be used to see if the petitioner and respondent can agree to such lesser intervention. To insure due process rights and a "day in court" for both petitioner and potential ward, acceptance of alternatives will be voluntary and uncoerced. If agreement is not reached, the case will go forward but the evidence from the assessment will be available to the court. The project will use control groups to test the effectiveness of the program.

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QUALITY ASSURANCE/IN-HOME SERVICES
Demonstration

90AM0327
Wyoming Commission on Aging
139 Hathaway Building
Cheyenne, WY 82002-0710
Quality Assurance - for In-Home Care
Margaret A. Acker
(307) 777-7986
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 90,800

This project will assist in the efforts of providing or purchasing in-home services, improving monitoring mechanisms as a cost effective, efficient measure of the existing in-home care program in the State. An instrument measuring quality assurance, based on a in-home care standards, was developed in 1987 at the Commission. This tool will be statistically analyzed and training provided to appropriate personnel in ten project sites across Wyoming. Due to the rural nature of the State, many of the case managers, caregivers, and other local project personnel have not had access to the training and technical assistance on quality assurance monitoring for in-home care. The focus of this grant will be to fill this gap and to develop a model which can be replicated in other rural areas with similar service systems.

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QUALITY ASSURANCE/IN-HOME SERVICES
Demonstration

90AM0328
Tennessee Commission on Aging
706 Church Street, Suite 201
Nashville, TN 37219-5573
A Model Development for a Quality Assurance System for In-Home Supportive Services
Mason Rowe, MA
(615) 741-2056
09/01/88 - 08/31/90 AoA : $ 0 $ 0 $ 150,000

The project will be conducted by the Tennessee Commission on Aging in collaboration with the University of Tennessee, the Delta Area Agency on Aging, the Foundation For Hospice and Homecare National Homecaring Council, and local providers. Its purpose is to develop a model system for assuring the quality of non-medical in-home services, offered in conjunction with or separate from medical in-home services. Project objectives are to develop an in-depth client-service profile and provider inventory; to examine the interface between providers and recipients; design and test a system for the recruitment, training, and appropriate placement of in-home service workers; develop procedures to measure quality of care, including elements such as client functioning, outcome, and client/caregiver satisfaction. This model will target individuals isolated by economic and social factors, especially low-income minority individuals.

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                              ACTIVE GRANTS
               Under Title IV of the Older Americans Act
                              As of 09/30/88
PROJECT
                                      FUNDING
                                      FY 1986        FY 1987        FY 1988
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QUALITY ASSURANCE/IN-HOME SERVICES
 Demonstration

90AM0329
 Maryland Office on Aging
 301 West Preston Street
 Baltiomore, MD  21201
  A Model Apprenticeship Program For Paraprofessional Home Care Workers
Suzanne Bosstick
(301) 225-1083
09/30/88 - 09/29/89           AoA  : $        0      $        0      $ 147,944
The outcome of this project will be a model apprenticeship program for
paraprofessional home care workers.  While apprenticeships are common among
professionals and tradespeople, the concept has not been used for these
paraprofessionals who provide the majority of home care services.  The
program will allow them to test, in a "real life" setting, the skills they
learned in formal training.  The project will produce a model that agencies
responsible for setting quality standards can replicate.
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QUALITY ASSURANCE/IN-HOME SERVICES
 Demonstration

90AM0333
 Wisconsin Department of Health & Social Services
 Wisconsin Bureau on Aging
 P.O. Box 7851
 Madison, WI  53707
  Designing a Process for Quality Improvement Applying Private Industry
  Principles of Quality to In-Home Services for the Elderly
Janice Smith, MSW
(608) 266-7872
09/30/88 - 08/31/90           AoA  : $        0      $        0      $ 122,309
This project will demonstrate an alternative approach to assuring quality of
in-home long term care for older persons. The feasibility of incorporating
quality assurance approaches proven effective in business and industry and
popularized by W. Edwards Deming, first in Japan and more recently in this
country, will be explored.  Building upon two prior Administration on Aging
quality assurance grants, the Wisconsin Bureau on Aging (in cooperation with
the Wisconsin Bureau of Long Term Support) will develop a quality assurance
model, using Deming's philosophy as an integrating approach.  Products will
include:  model definitions, indicators and measures of quality elements; a
model assessment process; an implementation plan for a quality improvement
process in Wisconsin.
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QUALITY ASSURANCE/IN-HOME SERVICES
 Demonstration

90AM0334
 Arizona Department of Economic Security
 Aging and Adult Administrators
 1400 W. Washington Street, 950A
 Phoenix, AZ  85007
  Training and Certification of Entry Level Nurse's Aides
Ruth Houghton
(602) 255-4446
09/30/88 - 09/29/90           AoA  : $        0      $        0      $  53,484
The project plans to:  (1) standardize training for entry level personnel
employed in nursing and by home health agencies; (2) make training available
in all geographic areas of Arizona, and 3) develop a practical system for
certifying nurse's aides.  It will offer training through community colleges
throughout Arizona after piloting the course of study in one urban and one
rural county to 72 persons currently employed as nurse's aides.  Expected
outcomes include:  the establishment of a "student tested" course of study
for entry level nurse's aides which will satisfy federal requirements for
training, and the preparation of formal recommendations for possible options
to be used by the state of Arizona for certification of nurse's aides.
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ACTIVE GRANTS
Under Title IV of the Older Americans Act
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PROJECT
FUNDING
FY 1986 FY 1987 FY 1988

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QUALITY ASSURANCE/IN-HOME SERVICES
Demonstration

90AM0336
Colorado Department of Social Services
Aging and Adult Services Division
1575 Sherman Street, 10th Floor
Denver, CO 80203-1714
An Integrated Quality Assurance System for Home-Based Services
Joan Bell, MSW
(303) 866-5912
09/30/88 - 09/30/90 AoA : $ 0 $ 0 $ 149,774

The Colorado State Unit on Aging will direct a statewide collaborative effort to develop an integrated system for assuring the quality of in-home supportive services for older persons. The resultant model system will include: intermediate sanctions to address sub-standard service provision; a model monitoring instrument and client checklist; revised contracting practices; a consumer education component; computer-assisted tracking; an expanded ombudsman role; a complaint/reporting system; an analysis of existing standards; an evaluation model to measure effectiveness; and the establishment of a home care advisory council.

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QUALITY ASSURANCE/IN-HOME SERVICES
Demonstration

90AM0337
Florida Department of Health and Rehabilitative Services
Aging and Adult Services Program Office
1321 Winewood Boulevard
Tallahassee, FL 32339-0700
Targeted Innovative Strategies for Assessing Quality of In-Home Services to the Elderly.
Kathy Pilkenton
(904) 488-2881
09/30/88 - 09/30/90 AoA : $ 0 $ 0 $ 147,717

This project will improve methods of assuring the quality of homemaker and home delivered meal services provided to frail home-bound elderly. Outcomes planned are: (1) standarized minimum training for homemaker service workers; (2) client understanding of what constitutes quality services; (3) a comparison of the cost-effectiveness of proprietary agency services and non-profit agency services; and (4) improved management procedures based on telephone surveys of recipients. Products will include a training video-tape and curriculum for in-home service workers, a comparative analysis of the cost and performance of proprietary versus non-profit programs, and findings regarding the feasibility of automated telephone monitoring as a quality assessment technique.

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QUALITY ASSURANCE/IN-HOME SERVICES
Demonstration

90AM0335
New York State Office for the Aging
Empire State Plaza
Albany, NY 12223
Design and Implementation of a Quality Assurance Model for In-Home
John Wren
(518) 474-3362
09/30/88 - 09/30/90 AoA : $ 0 $ 0 $ 135,000

This project will establish a model system for assuring the quality of publicly funded in-home supportive services for the elderly. The basic premise of the project is that consistent and uniform standards and monitoring tools will ensure quality. A model system will be sequentially refined in three phases: retrospective, concurrent, and prospective. The retrospective model will review service performance after the fact. In the concurrent model, it is possible to use feedback to impact service delivery as it occurs. The prospective model is designed to determine problem potential and, ultimately, to avoid problems. All three phases focus on client outcomes.

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ACTIVE GRANTS
Under Title IV of the Older Americans Act
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| PROJECT | FUNDING<br>FY 1986 | FY 1987 | FY 1988 |
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QUALITY ASSURANCE/IN-HOME SERVICES
Demonstration

90AM0341
Virginia Department for the Aging
Division of Program Development
700 E. Franklin Street, 10th Floor
Richmond, VA 23219
A Consumer Protection Program for Home Care Consumers: Assuring Home Care Quality through the Long-Term Care Ombudsman Program
Virginia Dize
(804) 225-2271
09/30/88 - 09/29/90 AoA : $ 0 $ 0 $ 53,532

The Virginia Department for the Aging, through the Office of the State Long-Term Care Ombudsman, will develop and implement a model consumer protection program for home care users utilizing trained volunteer mediators and self-advocacy training for consumers and their families. When this model project is completed in two years, five Regional Home Care Ombudsmen, supervised by the State Ombudsman Program, will implement the program. In addition the program will focus on the consumer as a major player in assuring quality care. Products include: brochures and consumer guides for home care consumers; a consumer awareness training package for home care consumers; a home care complaint procedures manual; training modules for professional staff and volunteers in the model program; and a program evaluation report.

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QUALITY ASSURANCE/IN-HOME SERVICES
Demonstration

90AM0342
South Carolina Commission on Aging
400 Arbor Lake Drive, Suite B-500
Columbia, SC 29223
Quality Assurance for In-Home Services
Alfa Tisdale
(803) 735-0210
09/30/88 - 09/29/90 AoA : $ 0 $ 0 $ 138,646

The proposal seeks to improve service delivery through the design, implementation, and evaluation of a comprehensive quality assurance system focusing on homebound elderly at risk for institutionalization. The overall goal is to enable management to make accurate, accountable, hard-line decisions in allocating limited resources to assure access and quality service to the most needy.

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QUALITY ASSURANCE/IN-HOME SERVICES
Demonstration

90AM0345
Ohio Department of Aging
Division of Health & Community Services
50 W. Broad Street, 9th Floor
Columbus, OH 43266-0501
Ensuring the Quality of In-Home Supportive Services: A Model for the Aging Network
Karen Crosman
(614) 466-5823
09/30/88 - 09/30/90 AoA : $ 0 $ 0 $ 137,072

This project will be conducted in collaboration with the Scripps Gerontology Center at Miami University. It will develop, implement, and evaluate a system to ensure the quality of in-home supportive services for vulnerable older persons. The services that will be examined are home delivered meals, transportation, housekeeping, home health, homemaker, personal care, home maintenance, and chore services. The aims are to: design and implement quality assurance procedures to be tested by selected AAAs in preparation for Statewide implementation; develop an evaluation design that both provides evidence concerning the system implemented and documents on-going experience in evaluating such a system; produce a technical manual on quality assurance; develop a consumer guide on quality assurance for supportive services; publish a paper on future research issues; and organize a national conference on quality of in-home care for practitioners, administrators, and researchers.

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ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 09/30/88

PROJECT
FUNDING
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SUPPORTIVE SERVICES
Demonstration

06AG0318
Arkansas Department of Human Services
Division of Aging and Adult Services
Suite 1428, Donaghey Building
Little Rock, AR 72201
Project 2000: Long-Term Care in Arkansas
Herb Sanderson
(501) 371-2441
08/01/86 - 07/31/89 AoA : $ 242,022 $ 0 $ 242,022

Directed by the Arkansas SUA, with commitments from major public and private agencies, this project is aimed at producing significant systems change in the planning and utilization of long term care services. It encompasses private sector development of residential care facilities, feasibility studies on LTC insurance and S/HMOs, and volunteer-led local coalitions as key participants in the development and implementation of long term care systems.

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SUPPORTIVE SERVICES
Demonstration

07AM0338
Boys & Girls Club of Greater Kansas City
3831 East 43 Street
Kansas City, MO 64130
Give a Day in Your Life
Joan Israelite
(816) 923-1232
09/01/87 - 01/31/89 AoA : $ 0 $ 36,603 $ 0

This project will create a model for an intergenerational chore service by recruiting 80 minority teenagers to provide chore service to 400 low-income minority. This project will foster intergenerational understanding, provide a volunteer experience for 80 minority teenagers, and establish a work record for these teenagers. Minority teenagers will be trained and matched with low-income elderly needing assistance with chores. The project will enoucrage teenagers to become actively involved with older persons and will provide needed assistance to the low-income elderly to which will help them live independently.

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QUALITY ASSURANCE/IN-HOME SERVICES
Demonstration

90AM0348
Illinois Department on Aging
Division of Long-Term Care
421 East Capitol Avenue
Springfield, IL 62701
A Comprehensive Quality Assurance Program for Community-Based Long Term Care
C Jean Blaser
(217) 785-3353
09/30/88 - 09/29/90 AoA : $ 0 $ 0 $ 146,082

The Illinois Department on Aging (IDoA), in cooperation with Northwestern University, will conduct the following activities: (1) review existing quality assurance strategies of States, private and voluntary agencies, as well as findings from AoA sponsored projects and other relevant research; (2) review (including input from service providers) current IDoA quality assurance procedures for chore/homemaker and adult day care servicves; and (3) analyze the existing IDoA data base to obtain estimates of the reliability and validity of the measures currently used by IDOA, to eliminate redundant items and to identity quality assurance areas needing improvement. The program will develop a comprehensive multidimensional quality assurance program model and will field test those components of the model which are applicable and practical for implementation in Illinois.

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SUPPORTIVE SERVICES
Demonstration

90AM0268
Maryland Department of Health and Mental Hygiene
Preventive Medicine Administration
201 West Preston Street, Room 303
Baltimore, MD 21201
Training Caregivers in Occupational Therapy Skills
Valeria Tocci
(301) 225-6764
08/01/87 - 07/01/89 AoA : $ 0 $ 164,895 $ 0

A study group fo 240 at-risk elderly with problems in accessing services will be identified through the local geriatric evaluation services and project Gateway II Programs. These state-supported programs provide a variety of services to health-impaired elderly. In-home occupational therapy services to elderly Maryland project participants, and education and skills training to their caregivers will be provided through agreements with the Maryland state department of health and mental hygiene and local health department and sub-contracts to occupational therapists. Project goals are to increase the elderly's functioning; increase knowledge and utilization of occuptional therapy concepts, skills and techniques; and decrease stress in the elderly and their caregivers. Caregivers will be educated and trained to become more skilled and knowledgeable health promoters for their vulnerable dependents. The outcomes will include training materials for the elderly and caregivers.

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SUPPORTIVE SERVICES
Demonstration

90AM0273
Community and Senior Citzens Services, AAA
1102 Crenshaw Blvd
Los Angeles, CA 90019-3198
Urban Indian Senior Citizens Community Service System
Betty Jo Kramer, Ph.D.
(213) 857-6411
09/01/87 - 01/31/89 AoA : $ 0 $ 176,624 $ 0

This project will provide outreach and linkage to needed services by active senior members of the Los Angeles Indian community to its frail or isolated elderly members. Assistance will consist of: 1) identification, location and outreach to frail Indian elderly; 2) administration and evaluation of a needs assessment questionnaire; 3) instruction about available services; 4) initiation of linkages to services; and 5) follow-up and evaluation of provided services.

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SUPPORTIVE SERVICES
Demonstration

90AM0277
Tri-County Aging Consortium
500 W. Washtenaw
Lansing, MI 48933
Crisis Intervention Team as an Innovative Response to Elder Emergencies
Carlton Nogel
(517) 483-4150
08/01/87 - 03/31/89 AoA : $ 0 $ 79,623 $ 0

This project addresses crisis in the lives of older persons for which there are no easy solutions. The project will use interagency crisis teams, available 24 hour-per-day, 7-days-per-week, to remove barriers to care. Barriers include the person's multiple needs, gaps in agency responsibility, service gaps and understaff agencies. To overcome barriers, this project will: (a) create a formal, trained county network of service agencies and (b) establish innovative, interagency crisis intervention teams to response through a hotline and an operation center. Expected outcomes include: (1) a set of community wide procedures for handling emergencies; (2) additional resources for temporary shelter for older adults; 3) fewer elder emergencies; (4) trained personnel to assist elderly in emergencies; and (5) an identification of needed legislative changes in the Adult Protective Services Act and the Mental Health Code. Products include: (a) a procedure manual for the teams, (b) a training package, and (c) a county resource directory.

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**SUPPORTIVE SERVICES**
Demonstration

90AM0304
Kennebec Valley Regional Health Agency
P.O. Box 728
Waterville, ME 04901
Public Housing Resident Supportive Services Program
Daniel Crocker
(207) 873-1127
09/30/87 - 09/29/90 AoA : $ 0 $ 50,000 $ 50,000

The Project will provide subsidized supportive services to 40 low income elderly residents of Public Housing, through a program named "Age Well." Services will be provided as a package or on an individual basis through a voucher system. The purchase of services will be made in a manner no different than for persons who are participating in Age Well as unsubsidized consumers. The project will develop other sources of support for low-income consumers to continue in the program after federal support ends.

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**SUPPORTIVE SERVICES**
Demonstration

90AM0305
Visiting Nurse Association of Texas
8200 Brook River Drive, Suite 200N
Dallas, TX 75247
Supportive Services/Low Income Elderly in Public Housing
Susan Seifert
(214) 689-0009
09/30/87 - 09/29/90 AoA : $ 0 $ 50,000 $ 50,000

The project will provide supportive services to low income elderly living in public housing. The aim is to determine what supportive services they will choose when given buying power. At least 40 elderly residing in Dallas Housing Authority developments will be served. They will receive drawdown accounts to purchase services such as housekeeping, meal preparation, personal care services, laundry and bed change, grocery shopping, transportation/escort services, and home delivered meals. Services will be delivered through a case management system, with some provided directly by the VNA. Others will be provided through contractors, and others through referral to existing community resources. Expected benefits include a prolonged period of independence for the client and access to an expanded range of services. The public housing authority should benefit in better-maintained units and the improved functioning of their residents. Data on purchasing choices will also be available for analysis. The results may demonstrate the value of a coordinated program of supportive services, and may encourage the permanent provision of such services in public housing units.

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**SUPPORTIVE SERVICES**
Demonstration

90AM0306
Visiting Nurse Association of Delaware
2713 Lancaster Avenue
Wilmington, DE 19805
Providing Supportive Services to Low Income Persons 65 and Older
Marsha Spear
(302) 323-8200
09/30/87 - 09/29/90 AoA : $ 0 $ 50,000 $ 50,000

The project will subsidize supportive services to 250 low income elderly residents of the Wilmington Housing Authority. The objective is to determine if these consumers demonstrate the same types of purchasing behavior as individuals with private funds. Enhanced independence and delay of institutionalization are the expected outcomes. Provision of supportive services will enable a higher level of functioning for elderly whose impairments may reduce independence. The program will identify through market research the supportive services needed in the community; and based on these analyses, expand the availability of nontraditional health and health-related services for the elderly. The project will demonstrate a new mechanism for financing supportive services through prospective, capitated reimbursement.

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SUPPORTIVE SERVICES
Demonstration

90AM0307
Visiting Nurse Services Affiliates
811 First Avenue
Seattle, WA 98104
Support Services Program for Older Persons
George Smith
(206) 382-9700
09/30/87 - 09/30/90 AoA : $ 0 $ 50,000 $ 50,000

Project will provide supportive services to residents of Public Housing in Seattle. Approximately 40 persons will participate in the project. Each participant will be eligible for up to a $1,000 annual voucher that can be exchanged for the provision of a variety of supportive services. Consumers will choose from a menu of services which previous research indicates are needed and wanted. Project will explore innovative purchase of service options and attempt to be financially self-supporting after federal support ends.

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SUPPORTIVE SERVICES
Information Dissemination/Public Education

90AM0350
United Way of America
701 N. Fairfax Street
Alexandria, VA 22314-2045
A Project to Design and Develop an Automated Long-Term Care Data Base
Douglas E. Warns
(703) 683-7860
09/30/88 - 03/31/89 AoA : $ 0 $ 0 $ 25,000

Project will develop and test an automated long term care service information and referral (I&R) system. Its purpose is to enhance the capacity of local I & R agencies to respond to requests for up to date information about sources of assistance for frail older persons in need of some type of long term care services. As part of this process, specific services and programs in the continuum of long term care services will be defined. The United Way of Connecticut will be the test site for the system.

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SUPPORTIVE SERVICES
Research

90AR0109
Columbia University
School of Social Work, Brookdale Institute on Aging
622 West 113th Street
New York, NY 10025
Transfer of International Innovations in Home Care Services for the
Abraham Monk, Ph.D.
(212) 280-5169
09/01/87 - 01/31/89 AoA : $ 0 $ 133,114 $ 0

This project will identify successful home care service for the aged in six countries and adapt them into a replicable model for the United States. Study outcomes will include reports; an integrated service framework; and practical guidelines to be disseminated in cooperation with a National organization in the field of home care.

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SUPPORTIVE SERVICES
Training

03AM0242
In Touch and Concerned, Inc.
364 High Street, Room 226
Morgantown, WV 26505
Intergenerational Project
Marsha Lubman
(304) 296-6109
09/01/87 - 02/28/89 AoA : $ 0 $ 37,497 $ 0

This project will provide supplemental supportive services to elderly residents so they continue to live in their homes and provide young volunteers with the opportunity to broaden their knowledge about the field of aging, volunteerism and career development. Thirty (30) young volunteers (ages 12-17) will be recruited and trained. Each volunteer will be matched with one elderly person to visit once a week and perform tasks delineated in a client service plan. A training package for volunteers will be developed for distribution to appropriate youth oriented programs.

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SUPPORTIVE SERVICES
Training

07AM0335
Iowa Department of Human Services
Bureau of Refugee Programs
1200 University Avenue, Suite D
Des Moines, IA 50314
Southeast Asian Elderly and Youth: Integration through Service
Marvin A. Weidner
(515) 281-3119
09/01/87 - 01/31/89 AoA : $ 0 $ 19,170 $ 0

The project will involve Girl and Boy Scout volunteers in serving Southeast Asian elderly, and elderly Southeast Asians as volunteers in the Asian Scouting programs. The primary goal is to meet the needs of Southeast Asian refugee elderly through the involvement of refugee youth. A secondary goal is to help refugee youth develop abilities and skills in providing assistance to the elderly. The elderly will be identified by the Bureau of Refugee Programs. Volunteer youth will be recruited and trained by the Moingona Girl Scout Council and the Mid-Iowa Council, Boy Scouts of America. The youth will conduct projects tailored to the specific needs of the elderly client. The project will assist the elderly with home management, maintenance and repairs, gardening, shopping, transportation and recreation. The youth volunteers will learn new skills in providing services to the elderly. The youth also can be a bridge for the elderly into American Society.

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SUPPORTIVE SERVICES
Training

90AT0338
Temple University
1601 North Broad Street
Philadelphia, PA 19122
'Time Out': An Intergenerational Respite Care Project
Nancy Z. Henkin, Ph.D.
(215) 787-6970
09/01/87 - 01/31/89 AoA : $ 0 $ 50,000 $ 0

The goal of the project is to test an intergenerational model of respite care involving college students as temporary caregivers of impaired elders. Objectives include: recruiting and training 60-80 students; providing low-cost quality respite care to a minimum of 40 families; and, producing audiovisual and written materials which can be used to replicate the program in other communities. Students will be recruited from human service and health care programs in Montgomery County, Pennsylvania area colleges. Families will be referred by the Montgomery County AAA and Temple's Geriatric Medical Practice. Students will be paid by the families and will provide companionship and assistance with tasks of daily living. Expected outcomes include: the creation of a pool of trained respite care workers; formalized linkages between area colleges and the AAA; the development of a part-time employment model for students; the creation of a slide-tape show and training materials; and the publication and dissemination of a program development manual.

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USE OF THE ELDERLY AS RESOURCES
Training

01AM0053
Maine Committee on Aging
State House Station-127
Augusta, ME 04333
Maine Committee on Aging Intergenerational Project
Romaine Turyn
(207) 289-3658
09/01/87 - 01/31/89 AoA : $ 0 $ 46,495 $ 0

This project will train 40 elderly volunteers to develop, and implement a curriculum in Life Planning to be presented to 20 junior high schools in Maine, reaching 300 students. Elderly volunteers and students will be involved in the development of the videotape and a curriculum guide. Volunteers will teach the need for life planning skills. The curriculum and videotapes produced will be made available to schools, private businesses and elderly groups.

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## NATIONAL LEADERSHIP INSTITUTE ON AGING

90AT0403
University of Colorado at Denver
Graduate School of Public Affairs
1200 Larimer Street, Box 142
Denver, CO 80204
Executive Leadership Institute on Aging
Dail Neugarten, Ph.D.
(303) 556-2825
09/30/88 - 09/30/91 AoA : $ 0 $ 0 $ 326,690

This project will establish and operate a National Leadership Institute on Aging. It will provide ongoing, high quality leadership development and training to aging network executives and others who work with and for older Americans.

The curriculum is designed to strengthen the leadership capacity of key executives who have major responsibility for directing programs which serve and affect the lives of older persons in today's aging society. Training sessions will place great emphasis on (1) recognizing and influencing emerging social, economic and political trends; (2) reconciling divergent policy and financial considerations; and (3) blending public and private resources into integrated and effective community based service systems for older Americans and their caregivers. This training will go beyond traditional management approachers by seeking to inspire aging network executives to new ways of thinking and acting in their roles as executives in an aging society.

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## NATIONAL AGING RESOURCE CENTER - LONG TERM CARE Center

90AT0383
National Center for Senior Living
Heartland Center on Aging
1 Michiana Square, Suite 405, 100 E. Wayne Street
South Bend, IN 46601
National Long Term Care Resource Center - Data Assistance
Karen Harlow, PhD
(219) 481-6964
09/30/88 - 09/30/91 AoA : $ 0 $ 0 $ 199,616

The National Center for Senior Living has established a National LTC Resource Center to provide training, technical assistance, short term research, and information dissemination activities in support of SAAs, and others in the area of data assistance. The Center will be staffed primariy by Indiana University with collaboration from faculty from Purdue University and University of Notre Dame. The Center will utilize major existing national data bases and develop new national data bases as necessary to produce: 1) AGEDATA - a regular nowletter; 2) policy papers; 3) a fellowship training program for aging network practitioners; 4) intensive training workshops at national meetings; and 5) other products to assist aging network practitioners managing the delivery of LTC services.

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## NATIONAL AGING RESOURCE CENTER - LONG TERM CARE Centers

90AT0384
National Association of State Units on Aging
2033 K Street, N.W. Suite 304
Washington, DC 20006
National Community Based Long Term Care Resource Center
Diane Justice
(202) 785-0707
10/01/88 - 09/30/91 AoA : $ 0 $ 0 $ 198,190

The purpose of the project is to: 1) assist state aging networks to integrate discrete community long term care program components into comprehensive systems of care; 2) enhance states' capacities to develop quality assurance initatives for community long term care systems; 3) increase the ability of states to better link their community long term care systems with other delivery systems providing older people acute, primary and institutional care. The Center will provide information on multiple approaches to each of these system functions so that states can pick the ones most applicable to their own local context. The project will accomplish the objectives by continuing education and skill building for aging network personnel working at multiple levels of expertise through training, technical assistance, peer consultation and indirect technical assistance in the form of training curricula, resource directories, guidebooks, education videotapes, compendium of tools, special issue manuals and papers, focus groups, published proceedings, and state profiles of expenditures and other community based long term care data.

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                              ACTIVE GRANTS
                 Under Title IV of the Older Americans Act
                             As of 09/30/88
PROJECT                                    FUNDING
                                           FY 1986        FY 1987        FY 1988
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NATIONAL AGING RESOURCE CENTER - LONG TERM CARE
 Center

90AT0385
 University of South Florida
 Suncoast Gerontology Center
 MDC Box 50, 12901 North 30th Street
 Tampa, FL  33612
  National Long Term Care Resource Center
Eric Pfeiffer, M.D.
(813) 974-4355
09/30/88 - 09/30/91            AoA  : $      0       $      0       $ 200,000
The University of South Florida's Suncoast Gerontology Center has
established a National LTC Resource Center with a special focus on
Alzheimer's Disease and other dementias.  The Center plans to provide State
Agencies on Aging and others with the training and technical assistance they
need to establish effective service programs to deal with the problems of
recognition, diagnosis, short-term treatment and long-term management of
Alzheimer's disease patients and the needs of their family caregivers.
Major products will include:  training conferences, a computerized knowledge
base, technical assistance, publications, and a quarterly newsletter.
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NATIONAL AGING RESOURCE CENTER - LONG TERM CARE
 Centers

90AT0386
 University of California at Los Angeles
 Department of Medicine and Geriatrics
 405 Hilgard Avenue
 Los Angeles, CA  90024-1406
  National Long Term Care Center - Linkages
John Beck, M.D.
(213) 825-8255
09/30/88 - 09/30/91            AoA  : $      0       $      0       $ 200,000
The UCLA Department of Medicine, working with the USC Andrus Gerontology
Center, has established a National LTC Resource Center to carry out
training, technical assistance, short term research, and information
dissemination activities designed to promote stronger linkages between the
aging network, hospitals, and residential long-term care facilities.  Topic
areas to be covered by the Center are:  1) emergency medicine centers; 2)
discharge planning; 3) day hospitals and respite care; and 4) environmental
modifications and housing supports.  Major products will include:  annotated
bibliographies, training manuals and videotapes, case analyses on model
programs, policy papers, a newsletter, and consumer booklets.
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NATIONAL AGING RESOURCE CENTER - LONG TERM CARE
 Center

90AT0387
 University of Minnesota
 School of Social Work
 Box 729 Mayo
 Minneapolis, MN  55455
  Long Term Care National Resource Center - Decisions
Rosalie Kane, DSW
(612) 624-6151
09/30/88 - 09/30/91            AoA  : $      0       $      0       $ 200,000
The University of Minnesota National LTC Resource Center will provide
technical assistance, training, short range research and dissemination to
improve LTC decisions made by the elderly and those working with and for
older persons, especially staff of State Agencies on Aging and their Area
Agencies on Aging.  The topic areas covered by Center include:  assessment,
case management, linkages between community level care and nursing home and
acute care facilities, and ethics of long term care.  The Center will bring
together faculty from the University Schools of Public Health, Social Work,
Public Affairs, and the Center for Biomedical Ethics.
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ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 09/30/88

PROJECT
FUNDING
FY 1986 FY 1987 FY 1988

NATIONAL AGING RESOURCE CENTER - HEALTH PROMOTION AND WELLNESS
Center

90AT0357
American Association of Retired Persons (AARP)
Program Department
P.O. Box 19269 - GPCD
Washington, DC 20036
Health Promotion and Wellness National Resource Center
Thomas Nelson, PhD
(202) 728-4350
09/30/88 - 09/29/91 AoA : $ 0 $ 0 $ 223,008

AARP will establish a National Resource Center on Health Promotion and Wellness to increase the awareness of the importance of health promotion for older adults, increase the availability and quality of programs, and enhance the ability of State Agencies on Aging and other organisations to organize and implement effective health promotion programs. The Center will serve as health promotion information center that provides training and technical assistance to State Agencies on Aging and State Coalitions on Health Promotion. It will facilitate the sharing of creative program ideas and promote effective program evaluation. The Center will develop a Health Promotion Library which will be a resource for those deveoping programs. The Center will conduct workshops and teleconferences on priority topics and will develop a videotape about outreach strategies on health promotion for minorities and low-income groups.

NATIONAL AGING RESOURCE CENTER - LONG TERM CARE
Centers

90AT0388
Brandeis University
Bigel Institute for Health Policy, Heller Graduate School
415 South Street
Waltham, MA 02254
Long Term Care National Resource Center - Coordinated Service Systems
John Capitman, PhD
(617) 736-3932
10/01/88 - 09/30/91 AoA : $ 0 $ 0 $ 199,919

The Florence Heller Graduate School of Brandeis University has established a LTC National Resource Center to provide training, technical assistance, short term research, and dissemination activities in support of State Agencies on Aging and Area Agency roles in management of long term care delivery. The topical areas covered by the Center are: intergrated delivery systems, assessment/service tracking, Medicaid coordination, home care personnel issues, and consumer cultural diversity. The Center products will include national training workshops, training manuals, on-site technical assistance, best practice materials, and a periodic newsletter.

NATIONAL AGING RESOURCE CENTER - ELDER ABUSE
Center

90AM0332
American Public Welfare Association
810 First Street, N.E.
Washington, DC 20002
National Aging Resource Center on Elder Abuse
Toshio Tatara, Ph.D.
(202) 682-0100
09/30/88 - 09/30/91 AoA : $ 0 $ 0 $ 199,999

The National Aging Resource Center on Elder Abuse serves as a national resource in elder abuse prevention and services to States, communities, educational institutions, professionals in the field, and the public. The Center has 4 functions: technical assistance, training, dissemination and short term research. The causes of elder abuse will be analyzed and various methods of identifying, investigating, preventing, and combating elder abuse and neglect will be developed by the Center into an information repository. The information repository will be used by the Center as the basis for consultation, technical assistance, and training, with special emphasis on State Agencies on Aging and their Area Agencies on Aging.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 09/30/88

PROJECT — FUNDING: FY 1986 — FY 1987 — FY 1988

NATIONAL AGING RESOURCE CENTER - LTC OMBUDSMAN PROGRAM
Center

90AT0401
National Association of State Units on Aging
2033 K Street, N.W.
Suite 304
Washington, DC 20006
Long Term Care Ombudsman National Resource Center
Ann Lordeman
(202) 785-0707
09/30/88 - 09/30/91 AoA : $ 0 $ 0 $ 387,488

This Center is established in collaboration with the National Citizens Coalition for Nursing Home Reform to provide nation-wide technical assistance, training, and information on ombudsman-related issues to State Agencies on Aging and their ombudsman programs. The Center will: 1) assist States in developing and managing effective Statewide programs; 2) expand the capacity of State Agencies on Aging to make informed contributions toward the shaping of State policies related to community and institution-based long term care; 3) facilitate more effective communication between the State ombudsmen and other members of the comprehensive service system serving older persons; 4) serve as a resource to State Agencies on Aging and others regarding the factors which affect the quality institutional care of the elderly; 5) examine the effectiveness of the ombudsman programs on resolving problems affecting residents of board and care facilities; and 6) examine the effectiveness of the ombudsman program in establishing and managing volunteer components.

NATIONAL AGING RESOURCE CENTER - SPECIAL POPULATIONS
Center

90AM0339
San Diego State University Foundation
University Center on Aging
San Diego State University
San Diego, CA 92182-1900
National Resource Center on Minority Aging Populations
E Percil Stanford, PhD
(619) 594-2810
09/30/88 - 09/29/91 AoA : $ 0 $ 0 $ 199,985

The National Resource Center on Minority Aging Populations will: 1) provide technical assistance to policymakers; 2) initiate a support network responsive to the needs of minority elderly; 3) provide a computerized resource system containing a synthesis of information and materials on minority aging; 4) analyze policies and services to promote services to minority elderly; and 5) examine trends of future minority cohorts. Products include training manuals, best practice reports and other reports and materials.

NATIONAL AGING RESOURCE CENTER - SPECIAL POPULATIONS
Centers

90AM0349
University of Missouri
College of Arts and Sciences
Kansas City, MO 64110
National Resource Center for Rural Elderly
C. Neil Bull, PhD
(816) 276-2515
09/30/88 - 09/30/91 AoA : $ 0 $ 0 $ 199,983

The National Resource Center for Rural Elderly serves as a national resource for the special aging population of rural elderly to states, communities, educational institutions, professionals in the field, and the public in the performance of 4 functions: technical assistance, training, dissemination, and short term research. The Center supports State Agencies on Aging in the continuing development of community based systems to serve the rural elderly. The Center helps the professional community and the public to improve their understanding of issues and questions related to rural elderly, such as systems capability building, care coordination, needs assessment, informal support networks, and service accessibility.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 09/30/88

| PROJECT | FUNDING<br>FY 1986 | FY 1987 | FY 1988 |
|---|---|---|---|

CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

02AD0003
Inter American University of Puerto Rico
Metropolitan Campus
G.P.O. Box 3255
San Juan, PR 00936
Post-Baccalaureate Certificate Training & Development Program for Minority Social Workers
Vidal Veles, PhD
(809) 758-0899
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 102,309

This project will develop a permanent post-baccalaureate gerontology training program for social workers designed to upgrade services to the low-income Hispanics elderly. Courses will be developed, each focusing on an area of knowledge, need and skills that cannot be acquired at the Bachelor's level. Training materials will include supplementary written and audiovisual aides. Expected outcomes include eight courses supplementary materials and mass media feature for public education.

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CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

02AT0452
New York University SEHNAP
Dept of Occupational Therapy
34 Stuyvesant Street, Rm 101
New York, NY 10003
Occupational Therapy and the Elderly
Estelle Breines, PhD
(212) 998-5828
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 125,000

This project will train occupational therapy students to work with the elderly by developing clinical training sites for students at geriatric centers, introducing a new course in occupational therapy for the elderly and preparing training materials for entry-level students. Specialized content on the aged will be developed and added to the occupational therapy curriculum. Students will evaluate and treat patients, evaluate the effectiveness of therapy, conduct research, and visit the elderly in their homes, community centers and hospitals. Products include a curriculum outline and a final report.

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CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

03AT0259
Pennsylvania College of Optometry
1200 West Godfrey Avenue
Philadelphia, PA 19141
Curriculum Development In Aging for Low Vision Rehabilitation Specialist Program
Audrey Smith
(215) 276-6290
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 122,353

This project will develop, implement and evaluate a gerontological curriculum for use in its master of science program in vision rehabilitation. Instructional methods, audiovisual aids, and evaluation criteria will be developed in modules easily transferrable to other programs of higher education. The proposed curriculum will impact on the professional development of students and graduates as well as on the lives of visually impaired elderly individuals they serve. Expected outcomes include: acquired knowledge and skills in vision changes, problems with normal aging and eye diseases in the elderly; a gerontology curriculum with videotapes.

CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

05AM7335
Western Michigan University
College of Health & Human Services
Kalamazoo, MI 49008
Gerontology and Drug and Alcohol Abuse/Misuse: Training for Specialists
Ellen Page Robin, PhD
(616) 387-2647
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 146,922

This project is to improve and increase meaningful services to older persons who abuse or misuse alcohol and/or drugs, recreational and medicinal. Objectives are to augment the graduate level Specialty Program on Alcohol and Drug Abuse and the Gerontology Program with (1) a jointly taught elective course about aging and substance abuse; (2) development of required core course in each of the above curricula; (3) development of speciality in aging substance abuse; and (4) incorporating this subject matter in continuing education course offered at a number of sites. The products, which include a syllabi, bibliographies, audio-visual materials and model curriculum, will be widely disseminated to professional groups and academic systems in both the alcohol and drug abuse programs and gerontology programs.

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CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

05AM7865
Indiana University Foundation
Health, Physical Education & Recreation
P.O. Box 1847
Bloomington, IN 47402
Therapeutic Gerontology Recreation Specialization
Barbara Hawkins, PhD
(812) 335-6508
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 148,050

This project is to develop, implement, evaluate and disseminate model curricula for preservice and inservice education in therapeutic recreation for allied health professional s who provide in-home and community based geriatric care services for the frail elderly. Specialized coursework and videotaped courses will be developed to serve as model curricula for gerontological therapeutic recreation professional preparation and continuing education programs. A final analytical report on standards of care, skill competencies, credentialling practices and standards, and regulatory concerns in the provision of in-home health care to frail elderly clients will be disseminated on a state, regional and national basis. State-of-the-art professional presentations and journal publications are also products of the project.

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CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

04AM0346
Jackson State University
P.O. Box 17041
Jackson, MS 39217
Aging Content in Professional Social Work Academic Training
James Brooks, DSW
(601) 968-2631
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 115,407

The project will develop and implement a certification program in gerontology training for social work students . The goal is to include aging content into the curriculum of the social work program, to increase the number of trained professional social workers in the aging arenas. The objectives are to: train students in the certificate program in gerontology; develop the social work student capacity for direct practice with the elderly, their families and the social agencies with whom they interact; and assist social work students in securing employment in the field of aging. The training approach includes 18 semester hours of classroom training in gerontology and 500 hour field practicum in a social agency serving the elderly. The outcomes will be: first level generalist social workers with specializations in gerontology training; greater linkages between social agencies; and employment opportunities in aging for persons with certificates in gerontology training. This knowledge also will be shared with other students, faculty and the community through a public forum.

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ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 09/30/88

PROJECT                                  FUNDING
                                         FY 1986          FY 1987          FY 1988

CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

06AM0416
Baylor College of Medicine
Center for Allied Health Professions
One Baylor Plaza
Houston, TX 77030
Statewide Project to Include Aging Content in Schools of Pharmacy
Robert Roush
(713) 799-4312
09/01/88 - 01/31/90          AoA : $ 0          $ 0          $ 149,999

The objectives of this statewide project are to: 1)identify knowledge and skills essential to pharmacist' role in geriatric care; 2) analyze existing materials in pharmacy schools throughout the state; 3) develop a course in geriatrics appropriate to each school; 4) prepare pharmacy faculty members to teach geriatric content; 5) implement student instruction in geriatrics; 6) evaluate impact of course on students' ability to serve frail, poor and minority elderly; and 7) disseminate results of the curriculum adaptation process to all U.S. Schools of Pharmacy. The project will develop a model didactic curriculum module to introduce age specific pharmacotherapeutics to Schools of Pharmacy. Evaluation of course impact will be made after course is taught for two semesters to 120 pharmacy students.

CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

06AM0417
North Texas State University
Center for Studies In Aging
P.O. Box 13438, NT Station
Denton, TX 76203-3438
Inclusions of Aging Content in Rehabilitation Training Program
Thomas Fairchild, PhD
(817) 565-2765
09/01/88 - 01/31/90          AoA : $ 0          $ 0          $ 81,815

This project will integrate key gerontological content into the core curriculum of graduate students preparing for certification as rehabilitation counselors. In addition, the project will provide a continuing education program in gerontology and counseling disabled elderly persons for those who are practicing rehabilitation counselors. The project staff will: 1) offer gerontological training to graduate students by adapting existing materials for use in the core courses offered by the center; 2) train rehabilitation faculty in key gerontological content; 3) recruit seven students; 4) develop and conduct continuing education programs; 5) present a workshop on curriculum modification for faculty of the twelve rehabilitation counselor programs in AoA Region VI; and 7) develop a training manual for academic programs as an aid in integrating key aging content into existing curricula.

CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

09AT0079
Northern Marianas College
P.O. Box 1250
Saipan, CM 96950
Nursing Education Program for Geriatric Care System
Agnes McPheteres, R.N.
(670) 234-6932
09/01/87 - 01/31/89          AoA : $ 0          $ 63,229          $ 0

This project will develop a health monitoring, assessment and referral program for older residents of Saipan, Rotan and Tinian Islands; staffed, in part by nursing students enrolled in Nothern Marianas College. Students will develop and have access to medical records maintained by the Commonwealth of Marianas Health Center of Saipan and be transported from the college to the Aging Center (senior center) to conduct assessments. Homebound elderly will receive routine health monitoring from students and supervisory nurse visitations. Geriatric content will be added to the basic registered nurse training program on Saipan and cooperation has been pledged by the University of Guam to make aging resource materials available to Saipan students enrolled in their Bachelor of Science in Nursing programs.

CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

10AT0024
Oregon State University
College of Home Economics
Corvallis, OR 97331-5102
Gerontology in Home Economics Professional Education
Clara C. Pratt, PhD
(503) 754-4765
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 102,145

Oregon State University's College of Home Economics will revise its undergraduate curriculum to permanently increase the gerontology content required of all students particularly those in nutrition, dietetics, housing, apparel design, and family studies. Ten required courses will be revised and two new courses on dietetics and support systems for the elderly will be developed. A minimum of 15 students annually will take part in expanded field study in gerontology and earn certificates in gerontology. All field activities will be developed with the input of the Oregon Senior Services Division and local aging services agencies. Approximately 500 students will participate during the 17 month grant period; over 350 will participate each year thereafter. All course and field study materials will be disseminated and consultation with the nation's 341 baccalaureate level home economics programs will facilitate use of the curriculum at other institutions.

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CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

10AT0025
Idaho State University
College of Pharmacy 8333
Pocatello, ID 83209-0009
Certificate Program in Geriatric Pharmacy for Practicing Pharmacists & Pharmacy Students
Barbara Adamcik, PhD
(208) 236-2309
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 142,608

This project will develop and implement an innovative Certificate Program in Geriatric Pharmacy Practice for pharmacists and pharmacy students. Utilizing surveys, live programs, didactic self-study modules, interactive, computerized case studies and examinations, satellite teleconferencing and faculty-supervised clerkships, this project will prepare pharmacists to meet the drug-related needs of the elderly. The impact of the program will be evaluated by assessing the improvement in pharmacists' knowledge and services. Expected outcomes are: 1) measurable improvement in attitudes, knowledge and skills of pharmacists/students; 2) improved drug-related services; and 3) lowered health-related costs. Specific products resulting from this project include: 1) publications and presentations at national meetings; 2) interactive computerized case materials; 3) syllabi for courses and clerkship; 4) a Program Operations Manual; and 5) an evaluation report.

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CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0331
American Association for Counseling and Development
5999 Stevenson Avenue
Alexandria, VA 22304
Infusing Gerontological Counseling Into Counselor Training
Jane Myers, Ph.D.
(703) 823-9800
10/01/87 - 12/31/88 AoA : $ 0 $ 117,531 $ 0

Counseling services to older persons will be improved by increasing and institutionalizing gerontological counseling concepts and courses into existing counselor preparation programs. The aims are to: (1) develop curriculum guidelines for use by counselor educators; (2) develop video-tapes discussing and demonstrating counseling with older adults; (3) submit standards in gero-counseling to counselor accreditation programs; (4) train 100 counselor education faculty to infuse gerontological concepts into their courses; (5) consult a panel of experts in development and training activities; and (6) evaluate the impact of the project. Project will collaborate with the National Association of State Units on Aging and the Association for Counselor Education and Supervision on materials developement and training; survey counselor education programs on existing training in gerontolgy; train counselor educators; and survey professors and students to evaluate the project. Products include a Curriculum Guide and video-tapes on gero-counseling.

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CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0355
University of Maryland
32 South Greene Street
Baltimore, MD 21201
Special Concerns of Minority and Rural Elderly in Physical Therapy Training: The Development and Dissemination of a Video Based Model
Clarence W. Hardiman, Ph.D.
(301) 328-7733
09/30/87 - 02/27/89 AoA : $ 0 $ 149,990 $ 0

This project will develop and disseminate a replicable model addressing special needs of the elderly for use in professional training of physical therapists. The objectives are to: (1) develop a video-based case study model for physical therapy curricula; (2) develop an implementation system which facilitates utilization by all physical therapy training programs and direct service providers; and (3) disseminate information nationwide about this model to all physical therapy training programs and direct service providers in hospitals, long term care facilities and rehabilitation centers. The product will be a replicable model, including a videotape and printed instructional materials. The products will be disseminated to 117 physical therapy training programs in the U.S. and their 3,500 clinical affiliations. This is a collaborative effort between the University of Maryland at Baltimore and Eastern Shore Department of Physical Therapy, and the State Office on Aging.

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CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0358
University of Illinois
College of Medicine
1601 Parkview Avenue
Rockford, IL 61107-1897
Interdisciplinary Geriatrics Education in Long-Term and Primary Care within a Small Community
Michael Glasser, Ph.D.
(815) 395-5848
10/01/87 - 02/28/89 AoA : $ 0 $ 58,462 $ 0

This project will initiate a "teaching nursing home" and develop an assessment tool to identify at-risk community elderly. Project objectives include increasing student-patient contact hours with the elderly, convening case presentation conferences about nursing home residents, making patient assessments of community health center patients and increasing the frequency of planning for family long-term care needs. Faculty and students from medicine, pharmacy and social work will be invited for didactic and clinical experience within a nursing home and a primary care community health center for training about assessment, direct care, and case management needs for older persons. Products generated will be a documentary videotape of case presentation conferences, a slide presentation of findings and an article for publication and presentation to professional and academic groups.

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CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0362
Association for Gerontology in Higher Education
600 Maryland Avenue, S.W., West Wing 204
Washington, DC 20024
Improvement of Instructional Content in Aging-Related Knowledge and Skills for Gerontology, Nursing and Social Work
Elizabeth B. Douglass
(202) 484-7505
09/01/88 - 01/31/90 AoA : $ 0 $ 0 $ 149,894

This project is designed to respond to the demand from college/university faculty and administrators for guidance in the development of new programs and the enhancement of existing ones. Project goals are to (1) improve the quality of education and training programs which prepare professionals to work in the field of aging; (2) develop model processes for the incorporation of curricular and programmatic standards for gerontology education into the accreditation, licensure, certification, and degree programs of selected professions, and (3) improve the quality of care and services to older persons. AGHE will work in partnership with four national nursing and social work associations. Products will be criteria for gerontological education programs; a report of the status of nursing & social work certification, licensure, registration and accreditation requirements and standards of evaluation; several models for carrying out the objectives; a series of recommended organisational membership services.

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CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0364
American Physical Therapy Association
1111 N. Fairfax Street
Alexandria, VA 22314
Enhancement of the Aging-Related Content and Learning Experiences in Physical Therapy Curriculum Programs
Virginia M. Nieland
(703) 684-2782
09/01/88 - 01/31/90 AoA : $ 0 $ 0 $ 149,950

The project will promote preparation for an aging society by describing aging related content/experience for students in physical therapy programs; identifying exceptional models for education and training in accredited programs; training reader/consultants and on-site evaluators in methods of consultation to enhance program offerings in gerontology and geriatrics. A board of advisors from related fields of interest will study data collected from accredited programs and will: compile four geriatric education models; design and implement training for consultants in accreditation; recommend changes in accreditation standards and practices; prepare results for national dissemination. Some expected outcomes are: revisions in the standards for accreditation of physical therapist assistant programs; improvement of gerontological competencies of PT/PTA graduates; increased numbers of consultants in the area of aging; development of models for aging-related education to be used in curriculum development.

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CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0389
American Association for Counseling and Development
5999 Stevenson Avenue
Alexandria, VA 22304
Assessment and Evaluation of Gerontological Counselor Knowledge and Skills
Jane Meyers, PhD
(703) 823-9800
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 150,335

The project will research knowledge and skills about gerontology necessary for all counselors and human development specialists who complete generic counselor training as well as those counselors who specialize in work with older persons. The goal of the project is to establish a nationally accepted statement of minimum knowledge and skill requirements in gerontological counseling. The project will establish and field test questions on gerontology for counselors as well as for counselors specializing in gerontology and will seek to institutionalize gerontological counseling as a specialization within counseling. Project objectives are to: (1) assess and report minimum knowledge and skills and methods of their evaluation for National Certified Counselors; (2) establish minimum knowledge and skills for all counselor education graduates; (3) establish minimum knowledge and skills for National Certified Gerontological Counselors; (4) develop items for a national certification examination using knowledge and skills identified through other objectives; (5) institutionalized gerontological counseling as a recognized specialization within counseling; and (6) field-test examination items and begin development of technical manual.

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CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0395
North Carolina Central University
Public Administration Program
P.O. Box 19552
Durham, NC 27707
Specialized Academic Training for Students: Multipurpose Senior Center Administrators
Clarence Brown, PhD
(919) 560-6240
10/01/88 - 02/28/90 AoA : $ 0 $ 0 $ 126,921

This project will provide specialized gerontological training for advanced undergraduate and of multipurpose senior centers. Gerontology contents designed to develop skills required to operate a senior center will be infused into existing multidisciplinary gerontology curriculum. The training program will provide students with internship opportunities in senior centers and assistance with permanent employment after graduation. State and Area Agencies on Aging will collaborate extensively in the planning, training, and employment activities of the project.

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CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0398
Gallaudet University
800 Florida Avenue, N.E.
Washington, DC 20002
A Curriculum for a Specialization in Gerontology and Hearing Impairment for a MSW at Gallaudet University
Catherine Moses, MSW
(202) 651-5160
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 100,965

The project will develop a curriculum in aging and hearing impairment to train graduate level social workers in the knowledge, values, and skills necessary to work effectively with hearing impaired older persons. Objectives are to: (1) identify foundation content; (2) develop a 2 credit course in research; (3) develop a 3 credit course in social policy and community planning for the hearing impaired elderly; (4) develop a 3 credit course on issues in gerontological practice with hearing impaired elderly; (5) develop a measure of assessing student outcomes; (6) develop six field placement sites; and (7) establish a beginning data base for a national network of agencies. The curriculum and field sites will be developed following collaboration with DHHS Regional Offices; literature reviews, and consultation with recognized experts in the field of social work, gerontology and hearing impairment. The project will produce a sequence of courses and field instruction for a specialization in gerontology and hearing impairment. Also, the project will produce a cadre of social workers who can provide direct services, participate in community planning and conduct research for the benefit of elderly persons who are hearing impaired.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

01AM0052
Maine Department of Human Services
Bureau of Maine's Elderly
State House, Station #11
Augusta, ME 04333
Education and Training for Managers of Elderly Subsidized Housing
Christine Gianopoulous, M.S.
(207) 289-2561
09/30/87 - 02/28/89 AoA : $ 0 $ 42,900 $ 0

The goals of this project are to increase housing manager knowledge and understanding of elderly needs and services and to improve their skills in coping with difficult elderly tenant issues such as substance abuse. An interagency state level coalition including the Maine State Housing Authority, the Bureau of Mental Health, and National Council in Alcoholism in Maine, and the Bureau of Maine's Elderly will develop and indiciate five regional two-day workshops for 125-150 local housing managers. Post-training consultation will be given to all participarts on request. One housing manager in each planning and service area will be assisted in their development of a Tenant Assistance Program (TAP) based on a model developed in Massachusetts. Post-training participant evaluation of training and technical assistance, as well as documentation of project process and content will be disseminated to other states.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

02AT0074
Puerto Rico Gericulture Commission
Department of Social Services
Apartado 11398
Santurce, PR 00910
Training of Social Services Technicians to Serve the Elderly
Aida Becerra
(809) 722-7400
09/30/87 - 02/28/89 AoA : $ 0 $ 105,936 $ 0

This project provides short-term training for social service technicians working in 78 local offices of the Puerto Rico Department of Social Services which provide basic economic assistance, homemaker, counseling and referral, and other services to the general population. Restructuring of department direct services from individuals to family units will bring all staff members of the Child Welfare, Economic Assistance, and National Assistance programs into contact with the elderly for services previously provided by the Adult Services program. Two-day training seminars in each of 10 island regions will be held on normal processes of aging, health and social common conditions of older persons, community resources and communication techigues using available bilingual training materials. Two three-day training sessions will be held for supervisory level social service technicians.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

02AT0451
State University of New York at Buffalo
Multidisciplinary Center for the Study of Aging
Diefendorf Annex
Buffalo, NY 14214
Statewide Training for Managers of Federally Subsidized, Low-Income Housing for the Elderly.
Gary Price
(716) 831-3834
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 149,619

This project will develop and implement a short term in-service training program for managers of Federally subsidized housing as a means of impacting on the unmet service needs of low-income elderly tenants. The model training curriculum which will be pilot tested and with monitoring by representatives of the New York State Office on Aging, U.S. Department of Housing and Urban Development Region II Office, and the Buffalo Chapter of the National Caucus Center on Black Aged, Inc. A manual will be developed for planners and trainers. Approximately 750-1000 housing managers will receive training in a one-day workshop 25 sites throughout New York State. Downstate training will be conducted by Hunter College. Followup and support activities which reinforce training goals will be conducted and integrated into housing manager personnel management policies where feasible.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

03AT0239
University of Maryland Center on Aging
Francis Scott Key Hall
College Park, MD 20742
Partners in Aging and Developmental Disabilities: Focus on Day Care
Edward Ansello, Ph.D.
(301) 454-5856
08/31/87 - 01/31/89 AoA : $ 0 $ 143,813 $ 0

This project will develop greater cooperation between Aging Network Senior Centers and Adult Day Care Center programs and developmental disabled day programs through education, training and internship of program managers and site personnel. An interagency planning council will assist in planning and implementation of a 30 hour, 10 topic training program in four state-wide regions and a professional exchange of developmental disabilities and Aging day care managers. It is expected that professional development activities conducted under this project grant will increase the appropriateness of services given frail and developmentally disabled elders and reduce paraprofessional turnover.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

03AT0240
Temple University
Institute on Aging
1601 North Broad Street
Philadelphia, PA 19122
Education of Community Health Personnel in Clinical Geriatrics and Service Program Development
Evan Sober, Ed.D.
(215) 787-6970
09/01/87 - 01/31/89 AoA : $ 0 $ 148,907 $ 0

This project will increase the knowledge and skill of professionals working in community health centers who serve elderly clients through development and implementation of a statewide continuing education training program. A 30 hour clinical sequence emphasizing interdisciplinary team development, multifuctional assessment, case management, common health problems and specific disease entities will be adapted from existing geriatric curriculum developed by the geriatric Education Center and augmented with a 12 hour instructional sequence on service developments and management. A minimun of 150 professionals will receive training in 3 state regional areas. A program development guide based on best practice studies will be distributed through the National Association for Community Health Centers.

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ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 09/30/88

PROJECT
FUNDING
FY 1986 FY 1987 FY 1988

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

05AM4346
University of Akron
Nursing Home Training Center
302 E. Buchtel Avenue
Akron, OH 44325
Ohio Model for Developing Teaching Networks in Long-Term Care
Genevieve Gibson, R.N.
(216) 375-7833
09/01/87 - 01/31/89 AoA : $ 0 $ 150,000 $ 0

This project will improve the skills and abilities of nursing assistants in patient care of the elderly in Ohio nursing homes through preparation of registered nurse instructors and nursing home clinical supervisors. A 60 hour competency based teaching course for nursing home assistants will be developed. Forty (40) instructors and 40 clinical supervisors will be trained representing eight State geographic regions of the Ohio Nursing Home Area Training Center Network.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

05AM70511
Illinois Department on Aging
Older American Services
421 East Capitol
Springfield, IL 62701
Attitudinal Barriers to Rehabilitation of Older Individuals - Training Project for Nurses
Michael Stehlin
(217) 785-3390
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 128,537

This project will develop a gero-rehabilitation training program for nurses working in home health agencies and nursing homes to improve the care of frail older persons and encourage their rehabilitation. Training topics will include understanding and coping with learned helplessness behavior, depression, motivation for self-care. Rush University will develop and pilot test a workshop in 20 locations and offer two statewide symposia using existing curricular and clerical resources. Three 30-minute videotapes will be produced. Approximately 500 nurses will receive training.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

03AT0241
Maryland Office on Aging
301 West Preston Street
Baltimore, MD 21201
A Statewide Training Program for Paraprofessional Home Care Workers
Suzanne Bosstick, Ph.D.
(301) 225-1083
09/30/87 - 02/28/89 AoA : $ 0 $ 146,508 $ 0

This project will develop statewide standards for the quality of in-home services, develop and implement a comprehensive training program incorporating these standards, design a moritoring mechanism for quality assurance of performance, and develop a plan for evaluating the effectiveness of training. A coalition of State Agencies and non-profit organisations administering Federal and State supported in-home service programs will develop statewide standards for quality care and give guidance to the development of a training protocol. Trainer teams involving nurses, social workers, dieticians, and home economists under contract to the Associated Catholic Charities and Jewish Family Services will conduct 18 regional workshops training 350 aides.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

05AM7413
Operation ABLE
36 South Wabash Avenue
Chicago, IL 60603
Operation ABLE and the Development of Aging Older Worker Training Program
Shirley Sachs
(312) 782-3335
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 148,763

This project will develop and implement a training and technical assistance program for volunteers and paid older worker specialists employed by the State of Illinois and local non-profit organizations supported by the Federal Joint Training Partnership Act's 3% Older Workers Program, The Older Americans Act Title V Community Service Employment Program, and The Department of Labor's Employment Security Job Service Program. A two-day training workshop curriculum will be developed, including a training package with curriculum materials and a trainer's manual, and administered at two sites to 200 older worker specialists. Four one-day follow-up meetings held at five-month intervals will be held to reinforce training. A newsletter, peer skills exchange system and 800 number hotline will be supported. They later will be used for both techinical assistance and a base for an integrated statewide job referral system.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

05AM9045
Wayne State University
Department of Sociology
1064 Mackenzie Hall
Detroit, MI 48202
Statewide Short-term Training and Continuing Education on Elder Abuse for Physicians
Mary Sengstock, PhD
(313) 577-2930
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 132,476

This project will develop and pilot test a one day training workshop on detection and reporting of older adult abuse for physicians. Training will be offered at four sites throughout the state of Michigan reaching an estimated 240 practicing physicians. Topics will include didactic and clinical disussion of identification of elder abuse, neglect and maltreatment, validation of symptoms, treatment, and reporting requirements. Six case studies will be documented and simulated using videotape workshop material and arrangements for the workshop will include the collaboration of the Michigan State Medical Society, the school of medicine at Michigan State University, and consultants from St. Laurence Hospital in Maryvette.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

05AT5944
Eastern Michigan University
School of Social Work
411 King Hall
Ypsilanti, MI 48197
Training of Minority Elderly for Medical Social Workers
Donald Loppnow, Ph.D.
(313) 487-0393
09/01/87 - 01/31/89 AoA : $ 0 $ 103,164 $ 0

This project will train medical social workers on the needs of Black, Hispanic and Arab-American older persons to increase their access to approprate services and care and enhance their successful transition from acute health institutional care to community supportive service. With the cooperation of the State Aging on Aging and Michigan chapter of the National Association of Social Workers, the unversity will develop and test three and four day workshops held one day a month in three in-state regional locations for 150 medical social workers. Training modules for Black, Hispanic and Arab minority groups will feature video tapes and student manual instructional materials.

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ACTIVE GRANTS
Under Title IV of the Older Americans Act
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| PROJECT | FUNDING<br>FY 1986 | FY 1987 | FY 1988 |
|---|---|---|---|

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

06AM0413
Texas Agricultural Extension Service
Family Sciences, Texas Agricultural Ext.
Texas A and L University
College Station, TX 77843
Training County Extension Agents to Implement Minority Peer Education Programs in Congregate Meal Sites
Judith Warren, PhD
(409) 845-1150
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 136,242

This project will develop and pilot test a nutrition education program delivered by peer educators at congregate meal sites serving low income elderly. Trainer teams led by county extension agents in 14 state regional centers will train volunteer peer educators at sites selected with the assistance of area agencies on aging, congregate meal contractors, and site managers. Peer training will use video-tape vignettes featuring community theatre Black and Spanish speaking actors. The ultimate goal of the program is to change the attitudes and behavior of minority, low-income older persons regarding food selection, meal preparation, and eating habits. The video and print materials developed by the grantee will also be pilot tested by The National Center of Extension Gerontology, University of Missouri.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

07AM0334
Butler County Community College
Division of Nursing/Allied Health
901 Haverill Road
El Dorado, KS 67042
Enhancing the Care of the Older Adult in the Long Term Care Setting: Training the Geriatric Nurse Aide Instructor
Patricia Maben, R.N.
(316) 321-5083
09/01/87 - 01/31/89 AoA : $ 0 $ 23,871 $ 0

This project will improve the qualifications and abilities of 200 registred nurses to serve as geriatric nurse aide instructors through development and implementation of two day training workshops in five in-state geographic locations. Kansas is one of 18 states which has compulsory training of nurses aides. Although standards have been established for training aides (50 hours classroom, 40 hours clinical experience) no training program for nurse instructors has thus far been established. An instructors syllabus and manual will be developed and tested which will be adaptable for use with existing nurse aide training materials.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

06AM01214
Grambling State University
Department of Social Work
Box 907
Grambling, LA 71245
State-wide Short-term Training and Continuing Education for Black Ministers in Louisiana
V.T. Samuel, PhD
(318) 274-2369
09/01/88 - 01/31/90 AoA : $ 0 $ 0 $ 106,398

This project will develop and implement a one day training workshop for black ministers to encourage church centered programs for older members and increase dissemination of information on Aging Network community and in-home programs to caregivers of the elderly. An advisory group including representation of three major black church organizations in Louisiana will consider endorsement of church programs developed in other areas of the country and assist in arrangements for six state regional workshops for 200 black ministers. A training package developed by System Planning Associates of New Hampshire will be adapted. An information package identifying community and in-home program will be compiled for workshop participants.

ACTIVE GRANTS
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PROJECT — FUNDING FY 1986 — FY 1987 — FY 1988

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

07AM0340
Western Kansas Community Services Consortium
1007 West Eighth Street
Pratt, KS 67124
Kansas Politics and Aging
Joyce Hartman
(316) 672-2566
09/01/87 - 12/31/88 AoA : $ 0 $ 194,635 $ 0

Western Kansas Community Services Consortium (WKCSC) will collaborate with the Kansas Department on Aging to provide statewide training on aging issues to state senators and representatives, county commissioners, Silver Haired Legislators, other publicly elected officials paid staff and local citizens. Legislative/educational teams at 15 sites will provide 30 programs to officials at 25 locations in the state. Parallel continuing education programs on politics and aging to citizens in 15 locations. Twelve monthly newsletters will be sent to education and aging networks and over 600 legislators.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

07AT0336
University of Missouri-Columbia
Continuing Medical Education & Extension, M240 Health Center
One Hospital Drive
Columbia, MO 65212
Training of Nursing Home Administrators Serving Special Population Groups: Mentally Retarded/Developmentally Disabled
Ronnie Bourne, Ph.D.
(314) 882-4105
09/01/87 - 01/31/89 AoA : $ 0 $ 115,373 $ 0

This project will provide statewide short term training, continuing education, and technical assistance to Nursing Home Administrators to enhance the care provided for the vulnerable resident with developmental disabilities. Three two-day in-state regional workshops with re-licensure educational credit will be using a training manual adapted from materials perviously developed by the University of Missouri-Kansas City. Consultation and follow-up assistance will be provided to attendees to enhance the ability of nursing and adult home administators to use workshop materials and develop programming to better care for older developmentally disabled residents.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

07AT0356
University of Iowa
College of Dentistry
Department of Prevention and Community Dentistry, Dental Science B
Iowa City, IA 52242
Geriatric Continuing Education of Iowa Dentists Via a Live Interactive Teleconference
Hermine McLeran
(319) 335-3822
09/01/88 - 02/28/90 AoA : $ 0 $ 0 $ 145,773

The University of Iowa will collaborate with the Iowa Dental Association to develop and present a satellite teleconference on geriatric dentistry in each of the 10 districts of the State Dental Association. The project will train faculty to present the teleconference; conduct a workshop for district facilitators to provide intensive training on geriatric dentistry and in-service training for nursing homes and community agencies. The project will produce a motivational videotape, guidelines for a teleconferenced program, a workbook, slides charts and other instructional materials, which will be made available to other State Dental Associations, dental schools and health professional organizations.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

08AM0052
Colorado Department of Social Services
Division of Aging and Adult Services
717-17th Street, P.O. Box 181000
Denver, CO 80218-0899
Senior Employment Systems Development
Lucille Horner, M.S.
(303) 294-5911
09/01/87 - 01/31/89 AoA : $ 0 $ 112,391 $ 0

This project will develop materials and videotapes for in-state workshop training of older adult employment and training counselors and related service providers on older worker issues and resources available through Aging Network organizations in the State of Colorado. Training wil facilitate work of a State Older Worker Task Force representing Federal and State Older worker programs. Six two-day in-state regional workshops will train up to 300 persons working in local older worker employment programs administered by four State agencies which are partially supported by three Federal programs. Products include three videotapes, workshop materials, an older worker job seeking skills package, and a research report on the effectness of training.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

08AT0060
University of North Dakota
Consortium on Gerontology
501 North Columbia Road
Grand Forks, ND 58201
Training of Support Services Staff to Assist Diabetic Clients in Disease Management
Marlys Bratteli
(701) 777-3766
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 125,649

This project will develop a short-term in-service training program for homemakers/home health aides and tribal community health representatives employed by the State Department of Human Services and Indian Health Service to enable them to educate and support older diabetic clients to manage their disease. A six hour workshop consisting of five modules covering basic knowledge of diabetes mellitus, nutrition, exercise, blood monitoring, and physical complications, will be developed and tested in two locations. A series of 20 workshops will be offered throughout the state and on each of the four tribal reservations, 400 aides and representatives. Development and dissemenation of the training modules will be facilitated by an advisory board that includes representation by the Title VI Older American Program Tribal Directors.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

08AM0050
Colorado Department of Health
Health Facilities Regulation Division
4210 E. 11th Avenue
Denver, CO 80220
Improvement of Rehabilitative Nursing Service to the Elderly in Long Term Care Facilities
Mildred Simmons, M.S.
(303) 320-8333
09/01/87 - 01/31/89 AoA : $ 0 $ 95,556 $ 0

This project will improve the quality of care provided elderly nursing home patients by training nurses to train nursing home aides in facilities where they are employed. Collaborative effort among the Department of Health, the Aging and Adult Services Division of the Colorado Department of Social Services, the Colorado Association of Homes and Services for the Aging, the Colorado Health Care Association and the Colorado Long Term Care Ombudsman, will be used to develop a two day rehabilitative nursing care in-state regional training program awarding continuing education credits (CEUs) for licensed registered nurses. Training will be followed up with consultation and observation of 18 nursing homes receiving low annual ratings in state inspections. The training program will be revised on the basis of its perceived utility and impact in eliminating inspection deficiencies.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

09AT0078
California Department of Aging
Training Branch
1020 19th Street
Sacramento, CA 95814
Training of Residential Care Home Administrators
Benton Clark, M.S.
(916) 323-9601
09/30/87 - 01/31/89 AoA : $ 0 $ 147,189 $ 0

This project will develop seven two hour training modules for simultaneous satellite television broadcast to 100 in-state workshop sites reaching 3,000 residential care home administrators. Volunteers from the California Association of Residential Care Homes will be trained to facilitate discussions of videotape broadcasts at workshop sites and to administer pre and post tests assessing attitudes and expectations of participants towards improving the quality of resident care. Training topics will include nutrition, exercise, drugs, depression, relocation trauma, use of community resources and handling of difficult subjects. A report on the project's conduct and achievements will be disseminated to all State Agencies on Aging.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

09AT0088
Stanford University
Stanford Geriatric Education Center
703 Welch Road, Suite H-1
Stanford, CA 94305
Geriatric Continuing Education for California Physician Assistants
William Fowles
(415) 725-4489
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 149,456

This project will develop a continuing education program for practicing physician assistants. The pilot program will provide 45 trainees with one week of didactic training at the Stanford Geriatric Education Center using curricilae adapted from pre-service coursework. Trainees will then participate in clinical training with a geriatric physician practitioner. The schedule for classroom and clinical instruction will be reviewed by the California Academy of Physician Assistants. Continuing education hour credits leading to bi-annual recertification requirements will be solicited from the American Academy of Physician Assistants. Clinical training with preceptors will be modeled on the Model Geriatric Clerkship for Physician Assistant students funded by the Health Resources and Services Administration.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

09AT0089
University of Arizona
Long Term Care Gerontology Center
1807 E. Elm
Tucson, AZ 85719
Training Nurse/Home Health Aides to Work with Alzheimer's Disease Patients
Theodore Koff
(602) 626-4854
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 150,000

This project will develop and implement a 16 hour workshop training program for nurse aides working in long term care facilities in Arizona on the care of Alzheimer's Disease patients. The curriculums will cover normal aspects of aging, the causes and symptoms of Alzheimer's patients, their evaluation and assessment by nurses, the social implications of Alzheimer's disease, behavior management, communications, adaptive activities and safety. Materials to be developed include a trainer's guide, student workbooks and instructional videotapes. Thirty trainers will be given instruction on conducting the training workshop and will observe aide training in 10 workshops held throughout the state. An estimated 500 aides will be training under the grant. An effort will be made to incorporate the training program into the 75 hour training requirement needed under Medicine/medical regulations.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

10AT0019
Portland State University
Institute on Aging
P.O. Box 751
Portland, OR 97207
Creating Livable Environments for the Elderly: Training Physical Planners
Nancy Chapman, Ph.D.
(503) 229-3952
09/30/87 - 02/28/89 AoA : $ 0 $ 147,320 $ 0

This project will develop curricula materials and workshop formats for training 600 professional and lay physical planners in metropolitan, small town, and rural areas about the environmental needs of the elderly. Materials will include a videotape and manual that include case study examples of housing and transportation plans developed by local commissions and boards. Materials will be tested and refined after use in 16 in-state governmental jurisdictions. Findings and materials will be disseminated to Aging Network Agencies and the American Planning Associaton.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

10AT0026
Oregon Department of Human Resources
Senior Services Division
313 Public Service Building
Salem, OR 97310
Statewide Training and Continuing Education for Adult Foster Care
Connie Baldwin
(503) 378-4728
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 118,155

This project will develop and implement training of adult foster care home owners and managers throughout the state of Oregon. Three training modules will be developed. The first module will be used in a all day training program for prospective providers including a media presentation, use of an educational game, and a provider's manual. The second module will be used in the day workshops (18 hours) to provide oriented training for new and current providers. Topics will include mental health and medical problems, communication skills, coping with behavior, working with families, personal care, use of community resources, and meeting state regulations and requirements. The third module will be used to give two day training for trainers prior to their observation of module one and two training. An estimated 1,500 foster care home personnal will receive training during project.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AM0354
National Indian Council on Aging
P.O. Box 2088
Albuquerque, NM 87103
Training of State and Area Agencies on Aging, and State Indian Commissions and Councils to Increase Awareness of Elderly Indian Concerns
Curtis Cook
(505) 242-9505
09/30/88 - 09/29/89 AoA : $ 0 $ 0 $ 200,000

Three day training sessions will be provided to State and Area Agencies on Aging, State Indian Commissions, and State Indian Councils on Aging in 5 states. The training will include culturally adapted gerontology information. NICOA will also work with national Indian and non-Indian organizations to raise their level of awareness of the special needs of Indian elderly. An award program will be established for exemplary programs for elderly Indians. Product of the grant will be a manual for similar gerontology training.

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**ACTIVE GRANTS**
Under Title IV of the Older Americans Act
As of 09/30/88

| PROJECT | FUNDING<br>FY 1986 | FY 1987 | FY 1988 |
|---|---|---|---|

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0191
Montana State University
Montana Hall
Bozeman, MT 59717
Nursing Approaches to Quality Care for the Elderly
Alan Goodman, Ph.D.
(406) 994-4930
07/01/86 - 11/30/88 AoA : $ 163,164 $ 0 $ 0

Montana State University will initiate a statewide continuing education program for RNs, LPNs, and aides to upgrade skills in the care of the elderly in both urban and rural areas of the State of Montana. This will be accomplished by development and presentation of a series of 10 one-day workshops at five locations in the state, and 10 self-study modules which include syllabus, study guide, appropriate audiovisual materials (including videotapes) and pre and post tests. There will be about 1250 participants in the workshops and an additional 500 individuals will receive education via self-study modules. This project will also assist RNs to successfully complete the ANA certification evaluation for Gerontological Nurse and will allow them to gain Montana Continuing Education recognition.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0198
University of Maryland at Baltimore
Department of Epidemiology and Preventive Medicine
655 West Baltimore Street
Baltimore, MD 21201
Training Social Workers and In-Home Aides to Facilitate Communication Between Physicians and the Elderly Regarding Drug Usage
Brigita Krumpholz, M.D.
(301) 328-3461
07/01/86 - 11/30/88 AoA : $ 149,964 $ 0 $ 0

This project will provide training for community-based social workers and in-home aides to assist older persons with their medications. Through training workshops in five areas of the State, use of videotapes and written materials, trainees will learn to identify drug-related problems and steps to take to assist older persons to resolve such problems. The project is a collaborative effort between the University of Maryland and the State of Maryland agencies.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0327
University of New Mexico
School of Medicine
Albuquerque, NM 87131
Continuing Education and Training for Providers of Health Care for New Mexico Elderly
Mark Stratton, PharmD
(505) 277-2165
11/01/86 - 03/31/89 AoA : $ 184,319 $ 0 $ 0

The project will conduct two multi-disciplinary sessions for New Mexico's physicians, nurse practitioners, nurses, and pharmacists. To increase the number of professionals who are adequately prepared to give services to the elderly, training will be provided that promotes information on normal aging, problem-specific health-related issues commonly experienced by the elderly, health promotion in the elderly, and proper physiological, psychosocial, and functional assessment of the elderly. The course will be packaged in a modular format, offered for self-instructional correspondence use, and will be conducted in collaboration with the New Mexico State Agency on Aging.

ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 09/30/88

PROJECT — FUNDING: FY 1986 / FY 1987 / FY 1988

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0330
University of California at Los Angeles
Department of Medicine/Geriatrics
405 Hilgard Avenue
Los Angeles, CA 90024
Training and Continuing Education for California Hospital Discharge Planners
John Beck, M.D.
(213) 825-8255
09/01/87 - 01/31/89 AoA : $ 0 $ 149,995 $ 0

This project will provide training to hospital discharge planners (HDPs) to increase the effectiveness of discharge planning, improve quality of patient care and enhance appropriate utilization of resources. The project will intially train 200 HDPs who, in turn will train another 800 HDPs at their home institutions. The project will: (1) conduct needs assessment of HDPs in 581 California hospitals; (2) increase knowledge and skills of HDPs; (3) produce 2 syllabi and Discharge Planning Educational Kit; (4) provide on-going T.A. to trainers; (5) link HDPs with community resources and service providers.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0340
Georgia State University
The Gerontology Center
Box 1032 University Plaza
Atlanta, GA 30303
Training for Clergy and Aging Network Personnel
Barbara Payne, Ph.D.
(404) 658-2894
09/01/87 - 01/31/89 AoA : $ 0 $ 149,970 $ 0

The project will provide continuing education gerontology certificate training in coalition building to clergy and aging network staff in Georgia. The project seeks to link the clergy and aging networks to achieve increased communication and networking, pooling of human and fiscal resources, and training of clergy to better serve older people. Objectives are to form a Statewide and local advisory committees; develop a curriculum; train trainers; deliver training in five sites Statewide; and conduct and analyze a survey of attitudes, program knowledge and needs following training. Outcomes include 50-150 community service projects which demonstrate a coalition between Clergy and the Aging Network.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0329
University of New Mexico
Institute of Public Law
1117 Stanford NE
Albuquerque, NM 87131
Statewide Training for Discharge Planners Serving Older Persons in New Mexico
Paul Nathanson
(505) 277-5006
09/01/87 - 01/31/89 AoA : $ 0 $ 95,500 $ 0

The purpose of project is to provide statewide training to New Mexico discharge planners serving older persons. Two-day sessions will be held at 5 sites in New Mexico. Teaching methods will include lectures and case-based workshops. Faculty will include University of New Mexico nursing and law faculty and staff. The project is being done in collaboration with the NM Associaton for Continuing Care, AARP, and the SUA and AAAs. Products expected are: (1) videotapes; and (2) a continuing care resources directory.

## ACTIVE GRANTS
Under Title IV of the Older Americans Act
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PROJECT
FUNDING
FY 1986 FY 1987 FY 1988

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0343
National Conference of State Legislators
1050 17th Street, Suite 2100
Denver, CO 80265
Creating the Continuum of Long Term Care: An Education Program for State Legislators
Shelda Harden
(303) 623-7800
09/01/87 - 10/31/88 AoA : $ 0 $ 126,395 $ 0

Project will educate state legislators on needs for a continuum of long term care services, financing alternatives and will promote legislative action in this direction. The training program will be presented in 4 states and videotaped for use elsewhere. Project activities include: needs assessment of legislators and representative State Units on Aging; program development; State selection; four on site State program presentations; and editing of 4 videotape presentations into a single program; State Units on Aging will participate in the development of the program and the presentations. Project outcomes are increased legislator knowledge and increased legislative activities toward creating continuum of long term care.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0345
State University of New York at Buffalo
Western New York Geriatric Center
3435 Main Street-Beck Hall
Buffalo, NY 14214
Linking Hospital Discharge Planning and the Aging Network
John Feather, Ph.D.
(716) 831-3176
09/01/87 - 01/31/89 AoA : $ 0 $ 129,220 $ 0

The Western New York Geriatric Education Center and The Brookdale Center on Aging will conduct two day training sessions for hospital and aging network staff throughout the State. AAAs will have a key role in identifying staff to be trained and coordinating sessions. Approximately 400 to 600 individuals will be trained. The curriculum will be based upon the Brookdale Center's model discharge planning program which features a multidisciplinary approach for developing collaborative working relationships between hospital personnel and the aging services network with special emphasis on continuity of care. This project will produce a curriculum guide which can be used by State Agencies on Aging, journal articles and reports about the project for various aging publications.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0350
University of Pennsylvania
Department of Physical Medicine and Rehabilitation
Suite 300, Mellon Building, 133 S. 36th
Philadelphia, PA 19104-3246
Aging and Rehabilitation: A National Conference on the State of Practice, Proceedings
Stanley Brody, MSW JD
(215) 662-3700
07/01/88 - 06/30/89 AoA : $ 0 $ 0 $ 10,000

The project is a conference on the State of Practice and Rehabilitation to be held December 7-9, 1988 in Washington, D.C. The target audience is 600 practitioners from the fields of geriatrics, mental health, physical medicine, psychiatry, rehabilitation nursing, occupational therapy, etc. Several agencies will support the conference. AoA's contribution will partially cover costs incurred in producing the proceedings.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0351
Gallaudet University
College of Continuing Education
800 Florida Avenue, N.E.
Washington, DC 20002
Statewide Training for Nursing Professionals in Community Health Centers
Carol S. Cober
(202) 651-5096
09/01/87 - 05/31/89 AoA : $ 0 $ 113,090 $ 0

The goals of this project are to provide training about hearing loss and aging for nursing professionals in Maryland Community Health Centers for older clients who have hearing losses. Project faculty will conduct a statewide orientation program for every Community Health Center nurse in Maryland, provide on-site training for nursing staff at each of 28 health center sites in the state, and recruit and train 400 certified speech and hearing professionals, via tele-conference, to replicate training for health center nurses nationally. Project outcomes will be more effective health care: for older hearing impaired clients by nurses in the community health care setting and improved linkages in service delivery between nursing and speech and hearing professionals. Project products will include a brochure for nurses about health-care delivery for older adults with hearing losses, a brochure for the older adults themselves, and a comprehensive training package which will be made available to Community Health Centers by trained speech and hearing professionals.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0359
Vanderbilt University
University Station 17
Box 593
Nashville, TN 37232
Improving Hearing Health Care to the Elderly in Tennessee
Fred H. Bess, Ph.D.
(615) 322-4099
10/01/87 - 02/28/89 AoA : $ 0 $ 143,255 $ 0

This project will provide primary care physicians with continuing education on the hearing problems of the elderly and to give them adequate screening tools that will assist in making an appropriate referral for hearing loss. The overall goal is to improve the hearing health delivery system to the elderly population by increasing the number of hearing-impaired elderly referred for audiologic intervention by the primary care physician. The project will include two groups of physicians. One group will participate in an educational program and the other will not. The hypothesis is that physicians will improve performance in referring hearing-impaired elderly for audiologic services as a result of the educational program. The program is expected to increase the number of elderly receiving amplification and help them to achieve greater life satisfaction.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0363
Gerontological Society of America
1275 K Street, N.W. Suite 350
Washington, DC 20005
Fellowship Program in Applied Gerontology
Lori Simon-Rusinowitz, PhD
(202) 842-1275
09/30/88 - 09/29/89 AoA : $ 0 $ 0 $ 149,235

The Fellowship Program in Applied Gerontology is a unique educational training program which (1) trains key personnel in agencies serving older persons in solving a particular problem, (2) educates postdoctoral researchers about practical problems of practitioners, and (3) produces a concrete, useable product for "host" agencies. The program matches experienced researchers with agencies serving the elderly to conduct specifically defined projects for three summer months. Program outcomes include: more agency personnel with problem-solving abilities; on-going transfer of new technology from researchers to practitioners; and more gerontology educators with applied teaching material. Benefits to the elderly include: improved service delivery and targeting of services to clients in greatest need; improved efficiency to use scarce resources wisely; and programs rooted in the latest research techniques. Products include program evaluations, planning documents, and training materials. Project results are used immediately by host agencies, and they are disseminated through fellow, agency, and GSA publications, presentations, and media activities.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0390
Three Feathers Associates
P.O. Box 5508
Norman, OK 73070
Title VI Directors - Training and Recognition Program
Antonia Dobrec
(405) 360-2919
09/30/88 - 09/29/91 AoA : $ 0 $ 0 $ 200,000

The purpose of this three year project is to increase the program management competencies of Title VI directors and to provide recognition of the directors within the aging network. Three 10 day Institutes will be conducted for 60 directors and follow-up teletraining will be provided for on-going assistance, guidance, and support. A Title VI Execs Society will be established for directors who graduate from the Institute. Products include: an Institute manual and curriculum, teletraining materials, and bibliography of literature addressing older Indians and Alaskan natives.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0391
North Carolina Department of Human Resources
Division of Aging
1985 Umstead Drive
Raleigh, NC 27603
Geriatric Education for Hospital Discharge Planners
Mary Droessler
(919) 733-3983
09/30/88 - 09/30/89 AoA : $ 0 $ 0 $ 10,000

This project will integrate information describing the supportive services of the aging network into existing curricula used to train hospital discharge planners in North Carolina. Four 24 hour training workshops will be held throughout the state using the revised curriculum reaching 300 nurse and social work discharge planners. Staff at the Geriatrics Education Center, University of North Carolina, will revise existing training modules for integration with material prepared by the Division of Aging. Representatives of the North Carolina Association for Continuity of Care and North Carolina Chapter of the Society of Social Work Directors will serve as members of the advisory board. The training module will be disseminated to AoA regional offices, State Units on Aging, State Departments of Health, and national professional organizations.

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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0407
Old Dominion University
College of Health Sciences
P.O. Box 6369
Norfolk, VA 23508-0369
Oral Health for the Institutionalized Elderly
Shirley Glover
(804) 683-4256
10/01/88 - 12/31/89 AoA : $ 0 $ 0 $ 24,999

This project will train nursing home in-service coordinators to teach oral disease identification and disease control techniques to nurses aides. The goals are to: 1) develop a statewide network of resource personnel trained in the delivery of oral health in-service training programs; 2) develop a continuing education program to train nursing home in-service coordinators to identify oral disease and oral hygiene techniques for institutionalized elderly; 3) prepare the coordinators to deliver quality training programs to nursing home aides; 4) train nursing home aides to perform oral hygiene care for dependent nursing home residents; 5) develop an instructor's packet with printed and visual materials; 6) develop a system for referral of oral problems exhibited by the elderly; 7) disseminate project information at local, state and national meetings. The project will train 5 dental hygienists who will then serve as trainers at 5 sites around the state. Twenty (20) coordinators will participate in the training at each site. The 20 coordinators will then train at least 15 nurse aides in their own facilities. It is anticipated that a total of 1500 persons will be trained as a result of this project.

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                Under Title IV of the Older Americans Act
                              As of 09/30/88

PROJECT                                FUNDING
                                       FY 1986        FY 1987        FY 1988
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DEVELOPMENT OF ACADEMIC INSTITUTIONS/FACULTY/CURRICULA
 Technical Assistance

90AT0371
 American Association of Dental Schools
 1625 Massachusetts Ave., N.W.
 Washington, DC  20036
  Preparing Dental Hygienists to Serve the Oral Health Needs of Older People
Mercedes Bern Klug
(202) 667-9433
09/30/88 - 02/28/91           AoA  : $         0      $         0      $ 139,030
The purpose of the project is to improve the geriatric education provided at
U.S. Dental Hygiene Schools.  The project will establish AADS curriculum
guidelines for dental hygiene programs, produce a resource book for faculty
to use in implementing the guidelines, and present the resource material to
dental hygiene faculty through a national two-day workshop.  Project
materials, including journal articles, and newsletter items will focus on
increasing the knowledge of dental hygiene faculty about the scope and
content of geriatrics dentistry and integrating this content into didactic
and clinical experiences for students.
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DEVELOPMENT OF ACADEMIC INSTITUTIONS/FACULTY/CURRICULA
 Training

06AM0416
 Texas Southern University
 College of Arts & Sciences
 3100 Cleburne Street
 Houston, TX  77004
  Inclusion of Aging Content in Social Work and Sociology Programs
Anna Madison, PhD
(713) 581-7398
09/01/88 - 08/31/89           AoA  : $         0      $         0      $  95,632
This project will develop centers in aging for inclusion in the
Undergraduate Social Work Programs and the Applied Sociology Graduate
Program leading to bachelor's degree in social work with a concentration in
gerontology and a master's degree in applied sociology with a concentration
in gerontology.  Inclusion of aging content will be implemented by adding
aging content to existing social work and applied sociology courses and by
developing new courses in aging.
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DEVELOPMENT OF ACADEMIC INSTITUTIONS/FACULTY/CURRICULA
 Training

09AT0090
 University of Southern California
 School of Dentistry, Room 4244
 University Park MC 0641
 Los Angeles, CA  90089-0641
  Computer Assisted Training Simulations in Geriatric Dentistry
Roseann Mulligan
(213) 743-6333
09/30/88 - 02/28/90           AoA  : $         0      $         0      $  88,149
The project will develop and disseminate a computer assisted instructional
(CAI) program to simulate dental and dental hygiene, students' interaction
with elderly patients.  The objective is to improve the students' training
in evaluation and assessment for treatment of elderly and medically
compromised patients, including consideration of medical status and
medication usage.  Expected outcomes include experience in modifying
pretreatment plans and transference of computer acquired skills clinical
interaction with geriatric patients.  The CAI software and student manual
will be disseminated to dental and dental hygiene education programs.
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ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 09/30/88

PROJECT
FUNDING
FY 1986 FY 1987 FY 1988

DEVELOPMENT OF ACADEMIC INSTITUTIONS/FACULTY/CURRICULA
Training

90AT0317
Gerontological Society of America
1411 K Street, N.W., Suite 300
Washington, DC 20006
Educating Academic Decision Makers on Responding to an Aging Society
John M. Cornman
(202) 393-1411
09/01/86 - 02/28/89 AoA : $ 100,040 $ 0 $ 0

This project will increase the awareness of higher education administrators and officials of the impact that an aging society will have on academic institutions. A series of meetings and formal presentations on emerging societal aging issues will be conducted by project staff and leading spokespersons within the membership of the society based on multidisciplinary background materials produced under the direction of an advisory committee. At least six background papers will be edited for publication in the Society's Emerging Issues on Aging Report Series. At least 6 formal presentations will be made at the annual meetings of selected organizations affiliated with the American Council on Education.

DEVELOPMENT OF ACADEMIC INSTITUTIONS/FACULTY/CURRICULA
Training

90AT0339
Association of Schools and Colleges of Optometry
6110 Executive Blvd., Suite 514
Rockville, MD 20852
Geriatric and Gerontology Enhancements of Optometric Faculty and Students
Robert Boerner
(301) 231-5944
09/01/87 - 01/31/89 AoA : $ 0 $ 137,595 $ 0

This project will develop and implement a faculty development training workshop program to increase offerings of interdisciplinary optometric gerontology content in the nation's 17 schools of optometry. Three two-day regional workshops will train 30 faculty to serve as peer instructors for campus workshops reaching 100 faculty which will include didactic, simulation and hands-on experience in examining and perscribing optical corrections. Workshop materials will include a competency-based manual containing student instructional optometric content outline for an interdisciplinary optometic gerontology course, evaluation strategies, model geriatric clinical experience.

DEVELOPMENT OF ACADEMIC INSTITUTIONS/FACULTY/CURRICULA
Training

09AT0091
University of Southern California
School of Pharmacy
1985 Zonal Avenue
Los Angeles, CA 90033
Expansion and Integration of Gerontologic and Geriatric Curriculum for Student Pharmacists
Bradley R. Williams
(213) 224-7551
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 80,159

The project will develop and implement a joint Doctor of Pharmacy - Graduate Certificate in Gerontology; offer an intensive course focusing on older patients; and integrate geriatric material into the core pharmacy curriculum. The project will also publish a monograph describing the Pharm. D. - Graduate Certificate Program; present a curriculum development workshop at a meeting of a national professional society; and graduate approximately 150 pharmacy students annually who are trained in gerontology and geriatrics.

PROJECT
FUNDING
FY 1986 FY 1987 FY 1988

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DEVELOPMENT OF ACADEMIC INSTITUTIONS/FACULTY/CURRICULA
Training

90AT0342
Syracuse University
All-University Gerontology Center
Brockway Hall
Syracuse, NY 13244-6380
Curriculum for Communications Professions in Gerontology
Neal S. Bellos, Ph.D.
(315) 443-5587
09/01/87 - 01/31/89 AoA : $ 0 $ 149,726 $ 0

This project will develop, test and dissiminate educational materials for the professional academic training of communications profession designers. This project will introduce gerontological content in the academic training of communication professionals who, during their future careers in advertising and journalism, will be in a position to inform the public and shape the image of older persons and issues related to aging. The project will design, test and evaluate two instructional modules, one for advertising and one for journalism. The instructional materials will be adaptable for in-service training for professional advertisers and journalists. The project will also design a national dissemination strategy for the products. Leaders from the journalistic and advertising fields and the New York State Office on Aging will help design the approach.

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DEVELOPMENT OF ACADEMIC INSTITUTIONS/FACULTY/CURRICULA
Training

90AT0365
Foundation for Hospice and Home Care
519 C Street, N.E.
Washington, DC 20002
Improving Accreditation Requirements In Aging By Training and Certifying Paraprofessionals
Bill Halmandaris
(202) 547-6586
09/01/88 - 01/31/90 AoA : $ 0 $ 0 $ 118,220

The project will develop a national certification program for paraprofesionals and paraprofessional training programs. The five major objectives are to: (1) produce a quality assurance tool; (2) train six community college teachers; (3) facilitate training of 480 paraprofessionals; (4) develop a certification model; and (5) establish a hiring standard. The certification program will be developed in conjunction with three representative state governments and their State Agencies on Aging. It will be based on the "Model Curriculum and Training Guide for the Instruction of Homemaker-Home Health Aides" (developed by the National Home Caring Council) and integrated into the National Home Caring Council's Accreditation Program to maximize the impact and benefit.

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DEVELOPMENT OF ACADEMIC INSTITUTIONS/FACULTY/CURRICULA
Training

90AT0394
Syracuse University
All-University Gerontology Center
Brockway Hall
Syracuse, NY 13244-6380
Strategy for Tomorrow's Managers: Knowledge & Skills for Aging Population
Neal Bellos, PhD
(315) 443-5587
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 149,561

This project will sensitize future management professionals to specific needs of the elderly in such a way that they will use this awareness throughout their careers to enhance the lives of older persons. Instructional modules in marketing and management programs will be developed and disseminated. The content of the materials will be identified by knowledgable gerontologists and representatives from management. The instructional design of the materials will be created on the basis of established learning principles and motivational theory. Expected outcomes include curriculum materials for marketing and management education.

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**MANPOWER STUDIES**
Research

90AT0180
University of Utah
Gerontology Center
316 College of Nursing
Salt Lake City, UT 84112
Assessment of Gerontology Manpower through Current Graduates and Their Employers
Richard Connelly, Ph.D.
(801) 581-8198
07/01/86 - 11/30/88 AoA : $ 120,000 $ 51,478 $ 0

A national survey will provide a comprehensive, detailed and uniformed profile of the employment experience and perceived educational needs of current students and post-graduates with different types of credentials and degrees in gerontology. Objectives include: 1) gathering data on graduates of gerontology training programs, data on current students and employers of gerontology graduates; 2) completing an assessment of types of training in relation to type and length of employment; 3) establishing liaisons with national organizations representing disciplines and employers associations of graduates for assistance with projecting manpower supply and demand and in dissemination of findings; 4) disseminating results of study to faculty, students, professional organizations, and government agencies. Data received from 2000 graduates of gerontology programs and their employers will be used to compare employment histories of undergraduate and graduate credential and degree students.

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**PLACEMENT/TRAINEESHIP PROGRAMS**
Training

90AT0304
New York State Office for the Aging
Empire State Plaza Building, #2
Albany, NY 12223
Minority Training and Development
Sandra Powell
(518) 474-5041
07/31/86 - 12/31/88 AoA : $ 110,000 $ 0 $ 0

This project will increase the number of minorities available for employment in the Aging Network as program managers by placing trainees in Area Agencies for a 14-month training period. Assistance will be given in locating employment. A case study on how to successfully recruit minority professionals will be produced.

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**PLACEMENT/TRAINEESHIP PROGRAMS**
Training

90AT0306
North Carolina Central University
Public Administration Program
P.O. Box 19552
Durham, NC 27707
Minority Training and Development
Clarence Brown, Ph.D.
(919) 683-6240
09/30/86 - 02/28/89 AoA : $ 138,558 $ 0 $ 0

This project will increase the number of minority professionals to be employed in the Aging Network by placing 15 graduates in entry level and management trainee positions. Employment opportunities will be provided through a cooperative agreement between the grantee, Area Agencies on Aging, the State Unit on Aging and other aging service provider agencies.

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**PLACEMENT/TRAINEESHIP PROGRAMS**
Training

90AT0335
City of Los Angeles Department of Aging
600 S. Spring Street, Suite 900
Los Angeles, CA 90014
Minority Management Training Program
Mark Miodovski
(213) 485-6535
09/01/87 - 02/28/89 AoA : $ 0 $ 39,834 $ 0

This project will provide extensive experience in Title III service delivery and administration and will assist the trainees in securing employment. Four trainees will be recruited and selected for this three-phased program which includes performing a specialised project at the department on Aging. New management procedures for training and job development for trainees will result from this project.

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PLACEMENT/TRAINEESHIP PROGRAMS
Training

90AT0341
Chicago Department on Aging & Disability
510 N. Peshtigo Court, 3A
Chicago, IL 60611
Minority Management Training Program
Renee Lumpkin
(312) 744-7305
09/01/87 - 01/31/89 AoA : $ 0 $ 144,000 $ 0

Under the Minority Management Training Project, the Chicago Department on Aging and Disability will place twelve minority individuals in twelve-month management training positions in its network of approximately 400 aging services agencies. Eligible applicants will be recruited from thirty-three colleges and universities, aging service agencies and other human services organisations. Preference will be given to minority persons with disabilities. Trainees will receive a monthly stipend and the department will provide adaptive aids to assist the trainee on the job, if needed. It is anticipated that at least 75% of the trainees will be retained by the host agency or placed in management positions in other service agencies. A project evaluation and final report will be disseminated throughout the aging network.

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PLACEMENT/TRAINEESHIP PROGRAMS
Training

90AT0352
Gerontological Society of America
1275 K Street N.W., Suite 350
Washington, DC 20005
Fellowship Program in Applied Gerontology
Lori Simon-Rusinowits, Ph.D.
(202) 842-1275
10/01/87 - 03/31/89 AoA : $ 0 $ 149,440 $ 0

The Fellowship Program in Applied Gerontology provides short-term education and training opportunities for staff members of State and Area Agencies on Aging by placing college and university professors in these agencies to work on specific projects for three months during the summer. It is an innovative approach to training the staff members of aging network agencies. In addition, postdoctoral educators are exposed to newly-identified problems in serving the elderly while providing aging agencies with expert assistance in solving new problems. The purpose is to transfer knowledge to aging agency staff and to gerontological educators; to help aging agencies solve new and pressing problems; and to improve gerontological research and education. Placement agencies benefit by obtaining high quality expertise in addressing program issues of serious concern. Fellows benefit by having first hand experence in coping with day-to-day problems. Project results are disseminated through GSA, professional journals, the media and other types of publications.

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PLACEMENT/TRAINEESHIP PROGRAMS
Training

90AT0353
National Caucus and Center on Black Aged
1424 K Street NW, Suite 500
Washington, DC 20005
Minority Training & Development in Long Term Care
Samuel Simmons, Ph.D.
(202) 637-8400
10/01/87 - 01/31/89 AoA : $ 0 $ 150,001 $ 0

This project will address the need for the minority elderly in long term care by 1) recruiting and placing seven (7) qualified minority trainees in long term care facilities and community-based programs for twelve months of training: 2) providing for appropriate in-service training to prepare them for permanent placement in the host agency after training is completed; 3) placing trainees in permanent management positions; and 4) obtain private sector support totalling at least $150,000 annually to train and place a minimum of 18-24 trainees over a five year period. This project will help qualified minorities access management positions in long term care facilties. It will also help these facilities recruit and hire qualified, well trained minority managers. The National Caucus on Black Aged will work with the American Association of Homes for the Aged and State and Area Agencies on Aging to locate host agencies to sponsor these trainees.

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PLACEMENT/TRAINEESHIP PROGRAMS
Training

90AT0360
National Hispanic Council on Aging
2713 Ontario Road NW
Washington, DC 20009
Hispanics in Gerontology: An Internship in Management
Marta Sotomayor, Ph.D.
(202) 745-2521
10/01/87 - 03/01/89 AoA : $ 0 $ 149,969 $ 0

This project will increase the number of Hispanic professionals to assume a leadership role on behalf of the Hispanic elderly. Twelve students will be involved in an educational enrichment program which includes a six week internship in Washington, D.C. and participation in two NHCoA training conferences.

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PLACEMENT/TRAINEESHIP PROGRAMS
Training

90AT0366
SUNY College at Old Westbury
P.O. Box 9
Albany, NY 12246
A Facilitating Minority Management Traineeship Program
Harvey Catchen, PhD
(516) 576-2731
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 140,558

This project will increase the number of minorities in management and administrative positions by placing 10 graduate trainees in a 15 month training position in agencies that service the elderly. At termination of the training, trainees are expected to be hired as managers/administrators and/or assisted in locating employment in the aging network. Trainees will attend a monthly management training workshop and receive on-site supervision by project staff. A quarterly newsletter and "how-to" manual will be produced and disseminated.

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PLACEMENT/TRAINEESHIP PROGRAMS
Training

90AT0367
Delaware State College
Department of Social Work
1200 N. Dupont Highway
Dover, DE 19901-2275
Minority Management Traineeship Program
Adelle Indelicato
(302) 736-3536
09/01/88 - 02/28/90 AoA : $ 0 $ 0 $ 64,278

This project will increase the number of minorities in management and administration positions by recruiting and placing eight minority students in selected field practicum sites in areas that impact on the elderly. Strategies for implementation include agency supervision of day-to-day tasks, weekly individual and group (unit) supervision, and monthly seminars on selected topics and issues on aging. Products include a program design and evaluation as well as the employment of trainees as managers or administrators in the aging network.

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PLACEMENT/TRAINEESHIP PROGRAMS
Training

90AT0368
California State University at Long Beach
Department of Social Work
1250 Bellflower Boulevard
Long Beach, CA 90840
Minority Management Training Program For Social Workers Specializing in Aging
Janet Black, LCSW
(213) 985-8180
09/01/88 - 09/30/89 AoA : $ 0 $ 0 $ 142,114

This project is designed to prepare minority students for administration and management positions in the aging network, and to upgrade skills of social service workers already employed in the network. Students will complete a field work placement and classroom work for the MSW degree. A curriculum and training materials on agency administration and management will be developed. A total of 8 students will receive stipends and tuition awards. After completion of the program, students will be given assistance in locating employment, if needed.

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ACTIVE GRANTS
Under Title IV of the Older Americans Act
As of 09/30/88

PROJECT — FUNDING
FY 1986 FY 1987 FY 1988

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PLACEMENT/TRAINEESHIP PROGRAMS
Training

90AT0369
North Carolina Central University
Public Administration Program
P.O. Box 19552
Durham, NC 27707
Minority Management Traineeship Program.
Lisa Groger, PhD
(919) 683-6240
09/30/88 - 03/30/90 AoA : $ 0 $ 0 $ 148,144

This project will increase the number of minorities in management and administration positions by recruiting and placing ten (10) college students (seniors and/or masters level) in a 9 month training program in State and area agencies on aging. The trainees are expected to be hired by the host agencies after completing their training. If not hired, they will be given assistance in locating employment.

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PLACEMENT/TRAINEESHIP PROGRAMS
Training

90AT0372
Louisiana Association of Councils on Aging
P.O. Box 1248
Natchitoches, LA 71457
Minority Management Internship
Pill Cho, PhD
(318) 274-2373
09/01/88 - 09/30/89 AoA : $ 0 $ 0 $ 144,409

This project will increase the number of minorities in management and administration positions by recruiting and placing ten (10) college graduates in a 9 month management and administration internship in agencies that service the elderly. Eight of these interns are expected to be hired by host agencies and two by other agencies in the aging network at termination of their training. A training manual, a plan for increasing minority participation, and a monograph will be produced and disseminated.

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PLACEMENT/TRAINEESHIP PROGRAMS
Training

90AT0379
New York State Office for the Aging
Affirmative Action and Training
Building 2, Empire State Plaza
Albany, NY 12223-0001
Minority Training and Development Program
Carmen Cunningham
(518) 473-8718
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 132,476

This project will recruit and place six minority persons in area agencies on aging (AAAs) as management trainees. They will be trained to assume adm/mgmt positions in the aging network through their on-the-job training agency supervison, workshops, etc., and given assistance in locating employment if they are not employed by their host agencies. Expected outcomes are 1) increased number of minority professionals in the field of aging; 2) increased capacity of the AAA's to serve an underserved or unserved minority groups; 3) increased numbers of minorities receiving services; 4) a detailed evaluation of each of the major project components in "how to" language to facilitate replication; and increased capacity of minority elderly communities to advocate for services.

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                                ACTIVE GRANTS
                  Under Title IV of the Older Americans Act
                                As of 09/30/88
PROJECT
                                   FUNDING
                                   FY 1986        FY 1987        FY 1988
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PLACEMENT/TRAINEESHIP PROGRAMS
 Training

90AT0392
 National Hispanic Council on Aging
 2713 Ontario Rd., N.W.
 Washington, DC  20009
  A Training Program in Management for Hispanic Gerontologists
Marta Sotomayor, PhD
(202) 745-2521
09/30/88 - 02/28/90            AoA  : $      0     $      0     $ 145,254
This program will recuit and place six Hispanics trainees in state units on
aging, area agencies on aging and other agencies that deliver services to
the elderly as management trainees.  These agencies will provide a 12 month
experience for the trainees in the area of administration and management.
At the completion of the traineeship they will be employed by the host
agency and/or assisted in locating employment.  In addition to the agency
experience, project personnel will provide training and assistance to the
trainees.  The project will produce a technical assistance video.
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PLACEMENT/TRAINEESHIP PROGRAMS
 Training

90AT0393
 Hunter College of CUNY
 659 Park Avenue
 New York, NY  10021
  Training Minority Managers in the Field of Aging
Yvonne Asamoah, MSW
(212) 570-5032
09/30/88 - 02/28/90            AoA  : $      0     $      0     $ 134,891
This project will select 20 minority persons from social service agencies
serving the elderly for enrollment in a graduate program in social work with
special training as managers or administrators in the aging network.
Training will include a specialised content in aging, professional social
work education and management and minority issues.  Academic courses,
intensive field work, seminars related to the aged and minority leadership
and management, a mentoring system and continuity between training and
employment are some of the components of this program.  Expected outcomes
include:  a model of training and retaining minority managers, a new cadre
of minority professional managers in aging and an expended network for
professional minority managers.
=========================================================================
PLACEMENT/TRAINEESHIP PROGRAMS
 Training

90AT0380
 Asociacion Nacional Pro Personas Mayores
 2722 West Sixth Street, Suite 270
 Los Angeles, CA  90057
  Hispanic Gerontological Traineeship Program
Carmela Lacayo
(213) 487-1922
09/30/88 - 09/30/89            AoA  : $      0     $      0     $ 145,680
This program will recruit, select and place eight Hispanic graduates or
professionals in paid, six month administrative level training positions in
public and private sector aging-related agencies; provide administration and
management training for trainees and guide host agencies in the provision of
this training; and permanently place trainees at the end of the training.
Expected project outcomes include an increase in elder Hispanics' access to
badly needed social services, an increase in the number of well-trained
Hispanic administrative personnel in gerontology, more culturally sensitive
social services for Hispanic elders, and more job opportunities in
gerontology for Hispanics.  Project products include: a cadre of Hispanics
trained and available for permanent employment in gerontology; a handbook of
trainee-developed impact projects aimed at assisting host agencies to reach
and provide services for Hispanic elders; and training materials aimed at
recruiting, training and maintaining Hispanics in the field of aging.
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**PLACEMENT/TRAINEESHIP PROGRAMS**
Training

90AT0400
City of Chicago
Department on Aging and Disability
510 North Pesbtigo Court, 3A
Chicago, IL 60611
Chicago Minority Management Program for the Aging Network
Renee Lumpkin
(312) 744-5783
09/30/88 - 02/28/90 AoA : $ 0 $ 0 $ 131,752

This program will recruit and place 15 minority college graduates in human service agencies that deliver services to the elderly. Trainees, supervised by managers in the host agencies, will be placed in administration and management positions with exposure to the basic concepts and skills of management. This training is designed for the trainee to be hired in management and administration positions in which he/she receives training-- Trainees will be assisted in locating employment if not retained by the host agency.

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OTHER
Other - SBIR - SMALL BUSINESS INNOVATION RESEARCH

105881010
Unison Corporation
4400 East West Highway, Suite 28
Bethesda, MD 20184
Product Enhanced Service Approach for Seniors
William Tenhoor
(301) 656-6556
04/18/88 - 10/17/89 AoA : $ 0 $ 0 $ 50,000

This project is designed to improve the utility of products available to older persons, extending their self care capability. It achieves this by adding product information services to the traditional methods of assessment and referral. Ultimately, it will result in: 1) the refinement of this approach, and its adoption by aging professionals and provider organizations, 2) a data base of mature market products, and 3) information about how use of products compensates for functional decline. Nine private aging practioners will supply relevant product information and maintain a logbook of client responses, tracking purchase and use patterns and exploring performance impact. Phase 1 explores with manufacturers the degree to which they will: purchase product testing services; pay marketing fees for inclusion in the data base; facilitate product purchase services (such as home demonstrations or free trials); employ methods to assure quality; and provide volume buying discounts. While Phase 1 explores potential market feasibility, whether products do make a difference, and professional acceptance; Phase 2 will translate these preliminary finding into a full scale test of the approach.

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OTHER
Other - SBIR - SMALL BUSINESS INNOVATION RESEARCH

105881011
Berner Associates, Incorporated
2525 Nevada Avenue, North
Suite 302
Golden Valley, MN 55427
Extendable Stair Rail System for Maximizing the Mobility of Older People in the Home
John Berner
(612) 542-3118
04/18/88 - 10/17/89 AoA : $ 0 $ 0 $ 49,560

The objective is to complete development of a reasonably priced extendable stair rail to facilitate movement around the home, provide secure stable support for movement on stairs, minimize falls on stairways and the possible injuries when falls do occur. Phase I shall consist of: 1) preliminary market research; 2) identification of severity of the problem through statistics, various authorities, and interview of accident victims; 3) fabrication of prototypes of variation selected as most promising; 4) establishing a preliminary business plan to market and manufacture the system. Phase II will: 1) proceed with completing of formal design; 2) organize formal market research program concurrently with it; and 3) proceed with formal business start-up and start production.

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OTHER
Other - SBIR - SMALL BUSINESS INNOVATION RESEARCH

105881012
Geriatric Environmental Concepts, Incorporated
2892 Rice Creek Terrace
New Brighton, MN 55112
Matching Low Technology Interventions With Needs of the Frail Mentally Alert Elderly
Margaret Christenson
(612) 633-7689
04/18/88 - 10/17/89 AoA : $ 0 $ 0 $ 49,784

The purpose of this study is to design and evaluate a Low-Technology Matching Inventory to match existing low technology interventions and devices with the identified needs and concerns of the frail mentally-alert older person. The design of the Low-Technology Matching Inventory will be preceded by the administration of the Home Environment Checklist and the Activities of Daily Living (ADL) Assessment. The Home Environment Checklist will assess the home in relation to its ability to compensate for age-related physical and sensory concerns. In Phase II, the Low-Technology Matching Inventory will be administered to a larger population to determine its effectiveness to improve safety and independence in the targeted mentally alert frail elderly. Based upon the results of phase II, the checklist, assessment and inventory could be developed into a booklet which would allow informal caregivers to determine the most appropriate low technology devices or interventions for an older person.

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OTHER
Other - SBIR - SMALL BUSINESS INNOVATION RESEARCH

105881013
Failure Analysis Associates, Incorporated
8411 154th Avenue, N.E.
Redmond, WA 98052
Development of an Internal Torque Reaction Jar Opening Device to Assist Older Persons
Robert Scheibe
(205) 881-1807
04/18/88 - 10/17/89 AoA : $ 0 $ 0 $ 49,897

The objective is to develop technology for a simple jar opening device which allows the elderly or handicapped to open threaded or "twist off" jar lids easily and safely. The device will consist of a compact, electrically powered appliance to grasp both jar and lid that unscrews the lid without necessity for full motor capability of the user. Though various jar opening aids exist, a market analysis shows that none possess the feature of "hands off" internal torque reaction capability, and all require lid break-loose torque to be reacted by manual grasp of either jar or lid. The technology must be versatile in order to readily accept all sizes and shapes of jars and lids. The feasibility is addressed of a design which would assist arthritic, handicapped, or motor-impaired elderly people to regain the ability to independently remove stubborn jar lids.

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OTHER
Other - SBIR - SMALL BUSINESS INNOVATION RESEARCH

105881014
Triangle Research and Development Corporation
P.O. Box 12696
Research Triangle Park, NC 27709
Passive Airbag Protective Garments for Falls Intervention
David Colvin, PhD
(919) 781-8148
04/18/88 - 10/17/89 AoA : $ 0 $ 0 $ 49,998

This Phase I program will determine the technical feasibility for development of a simple, low-cost protective series of garments that would give a new measure of effective protection to the elderly by providing strategic points of potentially injurious impact such as the hip, knee and head with a sufficient layer of lightweight and contourable cushioning material. The Phase I program will include problem definition and prototype systems fabrication and demonstration using an instrumented anthropomorphic dummy as well as preliminary garment design and evaluation. If successful, this system could potentially reduce the number of broken hips and other injuries resulting from falls, particularly among the elderly, and also have application to specific falls-sensitive occupational and sports areas. For aging populations, the system could potentially reduce medical costs due to injurious falls, encourage patient activity and exercise, and improve their sense of independence and confidence.

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PROJECT                                 FUNDING
                                        FY 1986        FY 1987        FY 1988
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OTHER
 Research

90AM340
 National Association of State Units on Aging
 2033 K Street, NW, Suite 304
 Washington, DC  20006
  Elder Link: Toward a National Community Access System for Older People and Their Families
Marjorie Tiven
(202) 785-0707

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09/01/88 - 12/31/88           AoA  : $      0       $      0       $  31,395
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This study will explicate the potential options for establishing a national access system to community services and resources for older persons and their families. The goal of the project will be to recommend alternative designs for an effective and efficient national system which facilitates easy access to needed services at the local level. Such a system would have the following characteristics: accessibility from any place in the United States; capacity to provide information and referral to older people, families of older people, professionals, and others; support and not replace the existing systems of State and community information and referral systems. The project will include extensive input from existing I&R systems including an Advisory Group and a survey of the State Units on Aging.

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OTHER
 Other - SBIR - SMALL BUSINESS INNOVATION RESEARCH

105881015
 Gibson-Hunt Association, Incorporated
 1629 K Street, N.W.
 Washington, DC  20006
  Effecting Greater Independence of the Frail Elderly through Use of Low Technology Devices
Gail Hunt
(202) 955-6212

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04/18/88 - 10/17/89           AoA  : $      0       $      0       $  49,175
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Ojectives of the project: to determine feasibility of developing two training programs - one for long term care service providers and one for consumers (frail elderly and their families). Training will increase awareness of use of low technology devices to maintain independence of frail elderly who live on their own. Phase I will include development and testing of the training, along with a service delivery model that will indicate all members of the continuum of care who need to be included. Second objective of Phase I: to determine commercial feasibility of marketing the two training packages, provider training will be marketed to public aging agencies; consumer training may be underwritten by manufacturers and distributors of low-technology devices and then marketed to libraries and senior centers. Testing of training in Montgomery County, MD, will allow for extensive reviews and revisions before preparing the final packages for marketing.

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## SOCIAL SECURITY ADMINISTRATION

### PROGRAMS ADMINISTERED BY THE SOCIAL SECURITY ADMINISTRATION—FISCAL YEAR 1988

The Social Security Administration (SSA) administers the Federal old-age, survivors, and disability insurance (OASDI) program (title II of the Social Security Act). OASDI is the basic program in the United States that provides income to individuals and families when workers retire, become disabled, or die. The basic idea of the cash benefits program is that, while they are working, employees and their employers pay earmarked Social Security taxes; the self-employed also are taxed on their net earnings. Then, when earnings stop, or are reduced because of retirement in old-age, death, or disability, cash benefits are paid to partially replace the earnings that were lost. Traditionally, current taxes have largely been paid out in current benefits. Social Security taxes are deposited to the Social Security trust funds and are used only to pay Social Security benefits and administrative expenses of the program. Amounts not currently needed for these purposes are invested in interest bearing obligations of the United States. Thus current workers help to pay current benefits and, at the same time, build rights to future benefits.

SSA also administers the Supplemental Security Income (SSI) program for needy aged, blind, and disabled people (title XVI of the Social Security Act). SSI provides a federally financed floor of income for eligible individuals with limited income and resources. SSI benefits are financed from general revenues. In about 60 percent of the cases, SSI is reduced due to individuals having countable income from other sources, including Social Security benefits.

SSA shares responsibility for the black lung program with the Department of Labor. SSA is responsible, under the Federal Coal Mine Health and Safety Act, for payment of black lung benefits to coal miners and their families who applied for those benefits prior to July 1973, and for payment of black lung benefits to certain survivors of miners.

Local Social Security offices process applications for entitlement to the Medicare program and assist individuals in filing claims for Medicare benefits. Overall Federal administrative responsibility for the Medicare program rests with the Health Care Financing Administration, HHS.

Following is a summary of beneficiary data, selected administrative activities, precedential court decisions, and Social Security-related legislation enacted in fiscal year 1988.

#### I. OASDI BENEFITS AND BENEFICIARIES

At the beginning of 1988, about 95 percent of all jobs were covered under the Social Security program. It is expected that, under the present law, 96 percent of the jobs will be covered by the end of the century.

At the end of July 1988, 38.4 million people were receiving monthly Social Security cash benefits, compared to 37.9 million in July 1987. Of these beneficiaries, 23.7 million were retired workers, 3.5 million were dependents of retired workers, 4.1 million were disabled workers and their dependents, 7.1 million were survivors of deceased workers and about 16,000 were persons receiving special benefits for uninsured individuals who reached age 72 some years ago ("Prouty payments").[1]

The monthly amount of benefits paid for July 1988 was $17.8 billion, compared to $16.7 billion for July 1987. Of this amount, $13.1 billion was paid to retired workers and their dependents, $1.6 billion was paid to disabled workers and their dependents, $3.1 billion was paid to survivors, and $2.3 million was paid to uninsured persons who reached age 72 in the past.[1]

Retired workers received an average benefit for July 1988 of $515 (up from $491 in July 1987), and disabled workers received an average benefit of $509. Retired workers newly awarded Social Security benefits for July 1988 averaged $491, while disabled workers received an average initial benefit of $520.

During the 12 months ending July 1988, an estimated $209 billion in Social Security cash benefits was paid, compared to $201 billion for the same period last year. Of that total, retired workers and their dependents received $154 billion, disabled workers and their dependents received $18.9 billion, survivors received $36.6 billion, and uninsured beneficiaries over age 72 received $31 million.[1]

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[1] The cost of these special benefits for aged uninsured persons are financed from general revenues, not from the Social Security trust funds.

Monthly Social Security benefits were increased by 4.2 percent for December 1987 (payable beginning January 1988) to reflect a corresponding increase in the Consumer Price Index (CPI). Monthly Social Security benefits will increase by 4 percent for December 1988 (payable beginning January 1989) to reflect a corresponding increase in the CPI.

## II. SUPPLEMENTAL SECURITY INCOME BENEFITS AND BENEFICIARIES

In January 1988, SSI payment levels (like Social Security benefit amounts) were automatically adjusted to reflect a 4.2 percent increase in the CPI. Thus, from January through December 1988, the maximum monthly Federal SSI payment level for an individual was $354. The maximum monthly benefit for a married couple, both of whom were eligible for SSI, was $532. In January 1989, these monthly rates will be increased to $368 for an individual and $553 for a couple to reflect a 4 percent increase in the CPI.

As of June 1988, 4.4 million aged, blind, or disabled people received Federal SSI or federally administered State supplementary payments. Of the 4.4 milion recipients on the rolls during June 1988, about 2 million were aged 65 or older. Of the recipients aged 65 or older, about 563,000 were eligible to receive benefits based on blindness or disability. About 2.4 million recipients were blind or disabled and under age 65. During June 1988, Federal SSI benefits and federally administered State supplementary payments totaling a little over $1.1 billion were paid.

For fiscal year 1988, $14.2 billion in benefits (consisting of $11.3 billion in Federal funds and $2.9 billion in federally administered State supplementary payments) were paid. (13 months' payments were paid in fiscal year 1988.)

## III. BLACK LUNG BENEFITS AND BENEFICIARIES

Although responsibility for new black lung miner claims shifted to the Department of Labor (DOL) in July 1973, SSA continues to pay black lung benefits to a significant, but gradually declining, number of miners and survivors. (While DOL administers new claims under part C of the Federal Coal Mine Safety and Health Act, SSA is still responsible for administering part B of the Act.)

During September 1988, about 245,000 individuals (171,000 age 65 or older) received $74 million in black lung benefits which were administered by the Social Security Administration. These benefits are financed from general revenues. Of these individuals, 58,000 miners received $20 million, 128,000 widows received $44 million, and 59,000 dependents and survivors received $10 million. During fiscal year 1988 SSA administered black lung payments in the amount of slightly less than $915 million. About 53,000 miners and 118,000 widows were age 65 or older.

Black lung benefits increased by 2 percent effective January 1988 due to an automatic general benefit increase adjustment under the law. The monthly payment to a coal miner disabled by black lung disease increased from $338 to $344.80. The monthly benefit for a miner or widow with one dependent increased from $507 to $517.20 and with two dependents from $591.50 to $603.40. The maximum monthly benefit payable when there are three or more dependents increased from $676 to $689.50.

## IV. COMMUNICATION AND SERVICES

### *Information Activities*

Throughout 1988, major emphasis was given to publicizing the soundness of Social Security and educating the public about how the Social Security program works and its value to people of all ages. The services available from Social Security were also promoted, and efforts were made to counter misleading advertising about the Social Security program.

Public information messages and materials targeted to older workers and beneficiaries were designed to assure them that they may continue to count on Social Security. All beneficiaries were sent a "mini annual report" which discussed the financial soundness of the Social Security program. A new service offered to beneficiaries—the availability of appointments—was also described. And beneficiaries were informed that most Social Security business can be handled by telephone.

Recognizing that many beneficiaries perfer to call, Social Security expanded its toll-free telephone service. In early October 1988, Social Security began publicizing its new toll-free, national 800 number (1-800-234-5SSA). This expanded system provides a single number for conducting SSA business for 60 percent of the population. The system will be extended nationwide in 1989. Hours of service have been expanded, and live operators will answer calls from 7 a.m. to 7 p.m. each business day. At all other times, callers can leave a message which will be answered on the next business day. They may also transact certain kinds of business, such as reporting a change of address, via push-button telephones.

To educate the public about Social Security, the Social Security Administration, in partnership with the Advertising Council, began a campaign to help dispel some of the public misconceptions about the Social Security program. Campagin materials encouraged viewers to request a booklet that would give them "the whole story about Social Security." More than 300,000 requests for the booklet were received.

An improved service, "Personal Earnings and Benefit Estimate Statement," is also being promoted. This service helps today's workers plan their financial future. The statement, available upon request, provides the worker with an estimate of future retirement benefits, plus an estimate of current disability or survivors benefits.

In addition, SSA conducted its usual public information activities to support field administration of its programs. About 50 publications explaining Social Security, Supplemental Security Income, and Medicare were produced in 1988. SSA also produced public service announcements for radio and television, exhibits, and a variety of other information materials for field office use in explaining the Social Security programs to older workers and the public in general.

### *SSI Outreach*

In 1988, SSA continued efforts to reach potential SSI recipients. SSA continued to provide public information materials, as well as other support, to organizations which have contact with potential SSA-eligibles.

For example, the American Association of Retired Persons conducted outreach demonstrations in Pittsburgh, El Paso, and Oklahoma City in cooperation with the area agencies on aging and SSA between March 1 and July 31, 1988. SSA provided training and public information materials to local outreach workers as well as the application and award data needed to evaluate the demonstrations.

In addition, SSA assisted the Villers Foundation in conducting their "SSI Aware" project, which was designed to determine the need for community outreach via comprehensive surveys of senior clubs, social service agencies/groups, and Social Security managers. Twenty-eight Social Security managers participated in the surveys.

In conjunction with the reauthorization of the Older Americans Act, SSI has distributed SSI outreach materials to the State Units on Aging for distribution to the area agencies on aging. All SSA field offices have received copies of outreach leaflets entitled "A Guide to SSI-For Groups and Organizations," and "Are You Eligible for SSA." Also, SSA has continued its coverage of the SSI program in the monthly newsletter, "Information Items," which goes to more than 5,000 groups and organizations, all SSA field offices, and many congressional offices.

## V. PRECEDENT-SETTING COURT DECISIONS THAT AFFECT THE ELDERLY MADE DURING FISCAL YEAR 1988

### *Pirus et al.* v. *Bowen—Surviving Divorced Spouses' Benefits*

On November 19, 1987, the U.S. District Court for the District of Central California ruled that 20 C.F.R. 404.336(e)(4) violated the Social Security Act. The regulation required denial of survivors' benefits to remarried surviving divorced spouses if their remarriage occurred after age 60 but prior to the death of the insured worker. The Social Security Administration has implemented the court order and individuals who were denied benefits March 31, 1985, or later are being identified and paid.

### *Jordan et al.* v. *Schweiker—Representative Payee Accounting*

On July 25, 1988, the Solicitor General declined to pursue any further appeal of the *Jordan* case. In doing so, the Government let stand two orders of the U.S. District Court for the Western District of Oklahoma, holding that SSA's accounting program did not provide due process for beneficiaries under representative payment. The orders mandated 100 percent accounting for all beneficiaries who have a representative payee, except for institutionalized beneficiaries who are included in the onsite accounting program.

### VI. SUMMARY OF LEGISLATION ENACTED DURING FISCAL YEAR 1988 THAT AFFECTS SSA

### *Public Law 100-241 (H.R. 278), Alaska Native Claims Settlement Act Amendments of 1987—Signed on February 3, 1988*

For purposes of determining eligibility to receive aid, assistance, or benefits based on need, under the Social Security Act or any other Federal or federally assisted program, the Act excludes from consideration as resources any of the following received from a Native Corporation:

—Cash (including stock issued or distributed by a Native Corporation) to the extent that it does not, in the aggregate, exceed $2,000 per individual per annum;

—Stock (including stock issued or distributed by a Native Corporation as a dividend or distribution on stock);

—A partnership interest;

—Land or interest in land (including land or an interest in land received from a Native Corporation as a dividend or distribution on stock); and

—Interest in a settlement trust.

### *Public Law 100-242 (S. 825), Housing and Community Development Act of 1987—Signed on February 5, 1988*

The Act includes the following provisions with potential SSA impact:

—*Enumeration*—As a fraud and abuse deterrent for programs administered by the Department of Housing and Urban Development (HUD), allows the Secretary of HUD to require that applicants and participants (including members of the household of an applicant or participant) disclose his or her Social Security number or employer identification number for purposes of eligibility.

—*Home Equity Conversion (HEC)*—Directs HUD to conduct a demonstration program of insurance of HEC mortgages for elderly homeowners. This provision will have no immediate effect on SSA.

—*Housing Assistance*—Transfers housing assistance for the nonelderly disabled from section 8 of the United States Housing Act of 1937 to section 202 of the Housing Act of 1959. Unlike assistance provided under the United States Housing Act of 1937, the value of which is excluded from income and resources under SSI, assistance under the Housing Act of 1959 is not excluded from consideration as income or resources for SSI purposes—see also Public Law 100-647, the Technical and Miscellaneous Revenue Act of 1988.

### *Public Law 100-360 (H.R. 2470), Medicare Catastrophic Coverage Act of 1988—Signed on July 1, 1988* [2]

Among other Medicare and Medicaid changes, this Act contains the following provisions of interest to SSA:

—*Monthly Premium*—Provides that the newly established Medicare Catastrophic Coverage Program will be financed by a flat $4 monthly premium, in addition to the monthly Supplementary Medical Insurance (SMI) premium, which is generally deducted from the monthly Social Security benefit.

—*Social Security Hold-Harmless*—Makes permanent the present-law hold-harmless provision to ensure that an individual's Social Security benefit will not decrease due to the combined effect of an SMI increase and the catastrophic premium.

—*Protection Against False Advertising*—Prohibits the use of the names, symbols, and acronyms of the Social Security Administration, the Health Care Financing Administration, and the programs they administer in any advertising, solicitation or other communication if the effect of such use would convey a false impression of the agencies' sanction of the enterprise or product. In addition, the law authorizes the Department of Health and Human Services to impose civil money penalties generally not to exceed $5,000 for violations of these provisions. Any penalties recovered are to be deposited as miscellaneous receipts of the Treasury.

—*Medicaid Buy-In and Cost Sharing for Poor Medicare Beneficiaries*—Require State Medicaid programs, on a phased-in basis, to pay the Medicare premiums, deductibles, and coinsurance for elderly and disabled individuals with incomes at or below the Federal poverty level ($5,770 per year for an individual in 1988) and resources at or below twice the standard under the Supplemental Security Income program ($3,800 in 1988)—see also Public law 100-647, the Technical and Miscellaneous Revenue Act of 1988.

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[2] This summary includes only provisions relating to the Social Security cash benefits program; the committee may wish to cover the whole of the catastrophic legislation elsewhere in its report.

—*Transfer of Assets*—Effective with Medicaid applications filed on or after July 1, 1988, denies Medicaid eligibility to institutionalized individuals who, after June 30, 1988, dispose of resources for less than fair market value within the 30 months preceding his or her application for Medicaid.

The prior SSI transfer-of-assets penalty is repealed. SSA field office staff are required to inform SSI applicants and recipients of the new Medicaid provision in writing, obtain information about any transfers when an SSI recipient is institutionalized, and provide information obtained to the appropriate State agency. For purposes of determining SSI benefit amounts, the institutionalized individual would be considered to be receiving Medicaid.

—*Protection of Income and Resources of Couple for Maintenance of Community Spouse*—Requires State Medicaid programs to limit the amount of income and resources of an institutionalized person that can be required to be applied toward the cost of his or her institutional care if he or she has a spouse at home (in the community).

### *Public Law 100-383 (H.R. 442), Payments for Japanese Internees and Relocated Aleuts—Signed on August 10, 1988*

Public Law 100-383 provides for payments of $20,000 each to Japanese Americans interned during World War II. It also provides for payments of $12,000 each to certain Aleut Indians from villages affected during World War II in addition to funds to be made available to assist the Aleut Villages as communities. The payments in both cases are not to be included as income or resources for purposes of determining eligibility to receive benefits under Federal or federally assisted means-tested programs, including SSI.

### *Public Law 100-440 (H.R. 4775), Treasury, Postal Service, Executive Office of the President, and Independent Agencies Appropriations Act of 1988—Signed on September 22, 1988*

Includes provision for a 4.1 percent pay increase for Federal civilians effective January 1, 1989. There will also be a corresponding increase in black lung benefits since those benefits increase whenever there is a pay increase for Federal civilian employees.

### *Public Law 100-485 (H.R. 1720), Family Support Act of 1988—Signed on October 13, 1988*

This Act includes the following Social Security-related provisions:

—Require that when the birth of a child is registered, the parents must provide the States with their Social Security numbers, unless the State finds good cause for not requiring the parents' SSN's, effective with the 25th month after enactment.

—Require that for tax returns due after December 31, 1989, a taxpayer identification number must be provided for dependent children aged 2 (rather than age 5) and older.

—Extend through January 10, 1994, the authority (which had expired on July 1, 1988) for collecting Federal debts, other than title II debts, by withholding income tax refunds.

### *Public Law 100-503 (S. 496), Computer Matching and Privacy Protection Act of 1988—Signed on October 18, 1988*

This Act includes the following Social Security-related provisions:

—Require individualized notice at time of application for benefits, and periodically thereafter, that any information given may be subject to verification through matching programs.

—Require independent verification of information produced by matching programs.

—Require that no adverse action be taken to reduce a Federal benefit payment until the recipient has been notified of the proposed action and given at least 30 days to appeal the action.

—Limit the life of a matching agreement to 18 months, with an automatic extension for 12 months if there is no change in the way the match is conducted.

### *Public Law 100-525 (S. 2479), Immigration Technical Corrections Act of 1988—Signed on October 24, 1988*

This Act contains numerous technical corrections to the Immigration and Nationality Act, as amended by the Immigration Reform and Control Act of 1986 (IRCA). One correction clarifies that when considering whether the status of an alien legalized under the Immigration Control and Reform Act amnesty program can be adjusted from temporary resident to permanent resident, the alien's current or prior receipt of SSI does not require the Attorney General to consider the alien to be a public charge and therefore excludable from permanent resident status.

### *Public Law 100-628 (H.R. 4352), Steward B. McKinney Homeless Assistance Amendments Act of 1988—Signed on November 7, 1988*

This Act amends the Job Training Partnership Act to establish, in the Department of Labor, a new program to be known as the Jobs for Employable Dependent Individuals Incentive Bonus program. The provisions include the establishment of an incentive bonus system for States for successful job placement for recipients of means-tested benefits (including SSI).

### *Public Law 100-647 (H.R. 4333), Technical and Miscellaneous Revenue Act of 1988—Signed on November 10, 1988*

Public Law 100-647 contains Social Security-related provisions to:

—Pay interim disability benefits where an Appeals Council decision on an ALJ decision favorable to a claimant is delayed more than 110 days.

—Use the full annual exempt amount under the retirement earnings test in the year of death and the higher exempt amount for people who die in the year in which they would have reached age 65.

—Restructure the OASDI windfall elimination provision for persons with 21-30 years of coverage (rather than 26-30 years, as under present law).

—Suspend benefits to persons deported as Nazi war criminals.

—Permit the term of office of a public trustee to be extended beyond 4 years until the earlier of (1) release of the next trustees report, or (2) the successor takes office.

—Extend, by 1 year, the provision for continuing disability benefits (and Medicare) up to an ALJ decision, so that it would apply with respect to decisions made through December 1989, benefits payable through June 1990.

—Extend the present law exemption from Social Security taxes and coverage which is available to self-employed members of certain sects opposed on religious grounds to participation in the Social Security program (generally the Amish) to employed members of those sects.

—Authorize blood donor facilities to require donors to furnish SSNs, and require SSA to establish a Blood Donor Locator Service that would furnish certain blood facilities and States the most recent mailing address in SSA or IRS records for donors infected with the AIDS virus.

—Require everyone who becomes entitled to benefits in the future to have, and furnish, an SSN as a condition of receipt of Social Security benefits.

—Allow a person who (1) is receiving both reduced spouse's benefits and either retirement or disability benefits, and (2) is between the ages of 62 and 65 when that person's spouse dies, to receive reduced widow(er)'s benefits by filing a certificate of election of reduced benefits rather than an application (as is currently required).

—Calculate OASDI windfall benefit offset guarantee on the basis of pension amounts at the time of first concurrent entitlement (rather than first concurrent eligibility, as under prior law).

—Consolidate certain reports to Congress relating to continuing disability reviews into one annual report.

—Clarify that anyone who elected FERS coverage on or before December 31, 1987, would be exempt from the government pension offset, even if that person retired before the FERS coverage became effective.

—Extend coverage to Federal employees hired before 1984 for periods of Federal employment subsequent to their holding mandatorily covered positions such as presidential or noncareer appointments.

—Exclude from coverage under the annual labor expenditures test applicable to agricultural employees, the wages paid to certain hand-harvest laborers.

—Require reports to Congress on data concerning Disability Insurance and SSI disability claims involving AIDS and AIDS-related complex.

- —Correct an omission in the Housing and Community Development Act of 1987 (Public Law 100-242, enacted February 5, 1988) so as to continue the SSI exclusion of Federal housing assistance as under prior law.
- —Make numerous minor, technical, and conforming amendments.

### *Public Law 100-690 (H.R. 5210), Anti-Drug Abuse Act of 1988—Signed on November 18, 1988*

This Act contains a provision that deletes the $5,000 and $25,000 upper limits on fines that can be imposed for misuse of a Social Security number. The deleted limits had been made obsolete by the enactment of the all purpose criminal fine statute, 18 U.S.C. 3571, which places an overall limit of $250,000 on fines for felonies. The provision also clarifies that penalties for misuse of a Social Security number apply as well in cases where the number is referred to by any other name (e.g., taxpayer identification number).

### *Public Law 100-702 (H.R. 4807), Judicial Improvements and Access to Justice Act—Signed on November 19, 1988*

Title I of this Act establishes within the Judicial Conference of the United States a Federal Courts Study Committee that will examine problems and issues facing U.S. courts and develop a long-range plan for the future of the Federal courts. This study may well have implications for the appeals process in Social Security cases.

The committee is to be composed of 15 members to be appointed by the Chief Justice of the United States within 10 days of January 1, 1989. The results of the study are to be submitted to the President, the Chief Justice of the United States, the Congress, the Judicial Conference of the United States, the Conference of Chief Justices, and the State Justice Institute by April 1, 1990.

## OFFICE OF INSPECTOR GENERAL

### INTRODUCTION

The mission of the Office of Inspector General (OIG) is to prevent and detect fraud, waste, and abuse in the Department of Health and Human Services (HHS) programs and to promote more efficiency and economy in its operations. It is the Inspector General's responsibility to report to the Secretary and the Congress any deficiencies or problems relating to HHS programs and to recommend corrective action, where appropriate.

As a result of a congressional oversight initiative into disclosures of fraud and waste in Federal/State Medicaid and welfare programs, Public Law 94-505 was passed, creating the first statutorily enacted OIG. Enacted in 1976, the law places equal emphasis on the Inspector General's obligation to detect and prevent wrongdoing and his obligation to make recommendations for changes and improvements in HHS programs.

A basic foundation of the OIG is to work in a coordinated, cooperative way with other departmental components to accomplish its mission, except when the Inspector General (IG) believes that such a relationship would compromise the integrity and independence of the OIG. Close working relationships are established with such Department components as the Social Security Administration (SSA), the Health Care Financing Administration (HCFA), the Office of Human Development Services (HDS) and the Public Health Service (PHS), as well as with major agencies such as the Department of Justice (DOJ) and the Government Accounting Office (GAO) to maximize resources devoted to common problems.

### ORGANIZATION

The Office of Inspector General is organized into three components: Office of Audit, Office of Investigations, and Office of Analysis and Inspections.

- —The Office of Audit (OA) reviews about 4,500 audits annually covering all aspects of HHS operations. It also undertakes a number of audits of HHS programs and represents the OIG in coordinating for the Department audit work of the Government Accounting Office (GAO).
- —The Office of Investigations (OI) reviews and investigates all allegations of a potentially criminal nature involving HHS programs or personnel. In addition, OI is responsible for imposing administratives sanctions, including civil monetary penalties on health care providers participating in the Medicare and Medicaid programs. Further, OI is responsible for the State Medicaid Fraud Control Unit

program (SMFCU). State units improve detection and elimination of fraud in the Medicaid program.

—The Office of Analysis and Inspection (OAI) conducts program and management studies of Department operations. These short-term studies focus on items of current interest to key officials of the Department and Congress and are designed to determine a program's efficiency and effectiveness.

The Immediate Office of the Inspector General is responsible for setting OIG policy and direction, handling all budgetary and administrative functions, reviewing and developing legislative and regulatory proposals as well as carrying out public and congressional affairs responsibilities.

### ACTIVITIES

Our audit, inspection and investigative reviews focus on: (1) Seeking ways to improve fiscal controls in benefit payment process and trust fund financial management and accounting operation; (2) identifying more efficient and economical improvements in programs, procurement and service delivery, including reviews of the appropriateness of Federal payments for services provided and the quality of care received; and (3) reducing the incidence of fraud, waste, and abuse in the Department's programs.

During Fiscal Year 1988, $5.56 billion in settlements, fines, restitutions, receivables and savings resulted from Office of Inspector General activities. Of even greater significance, many OIG recommendations containing costs savings were implemented through passage of legislation or program changes. These actions, some of which will be carried out over the next 5 years, will prevent improper expenditures, improve agencies' systems and operations and improve services to recipients.

Further, the OIG expends about 85 percent of its investigative resources on the Medicare, Medicaid, and Social Security programs which are so essential to many older Americans. Both individual cases and wider-based projects are largely devoted to detecting and deterring fraud in these programs and to preventing depletion of the trust funds which support them. During Fiscal Year 1988, OIG obtained successful prosecutions of 1,225 individuals and entities for defrauding these programs.

For the Medicare and Medicaid programs, the OIG exercises several important authorities not only for detecting and deterring fraud, but also for punishing fradulent behavior, delivering excessive or unnecessary services or providing poor quality care. During fiscal year 1988, 518 medical professionals or entities were sanctioned, either through monetary penalties or exclusion from the Medicare and Medicaid programs. These sanctions included violations for submitting fradulent bills, furnishing unnecessary services, failing to adequately document their services or failing to provide services that met professionally recognized standards of care. Program exclusion prevents those guilty of fraud or substandard care from serving Medicare or Medicaid patients.

The following are examples of OIG reviews which contain recommendations that have substantial impact on the elderly:

### AUDIT OF SSA'S FINANCIAL STATEMENTS

The OIG, aware of the public's concern with the solvency of the Retirement, Survivors and Disability Insurance (RSDI) trust funds, audited SSA's fiscal year 1987 financial statements, the first year SSA prepared financial statements. Because auditable statements had not been previously prepared, our opinion was limited to SSA's Statement of Financial Position on September 30, 1987.

The enormity of the audit is better understood when compared to the total budgeted outlays of the Department and all of the Federal Government. The SSA's fiscal year 1987 total expenses of $223.3 billion represents 64.4 percent of total budgeted outlays for HHS and 22.5 percent of the total for the Federal Government.

The Statement of Financial Position on September 30, 1987, included assets totaling $69.2 billion of which the majority were investments in special issue U.S. Treasury securities held by Treasury on behalf of the trust funds. The Statement of Financing Sources and Expenses included total sources of $242 billion and expenses of $223 billion. This resulted in an excess of financing over expenses of about $19 billion for 1987.

In our opinion, SSA's Statement of Financial Position presents accurately the financial position of SSA on September 30, 1987, in conformity with generally accepted accounting prinicples for Federal agencies. However, there were exceptions resulting from two departures from prescribed accounting procedures. First, no provision for loss contingencies was recorded for pending legal actions, brought by individual claimants or on a class action basis, where it was probable that a loss or expense would be realized and the amount could be reasonably estimated. Second, the aggregate net book value of land, buildings, and equipment, could not be determined cause documents of original cost were not readily obtainable and SSA's capitalizing policy for equipment was not always followed.

In accordance with GAO's title 2, the financial statements did not include the future liability of the trust funds. However, the supplemental information did include an actuarial projection of the contributions and expenditures for the RSDI and Black Lung programs for the next 75 years. Our audit procedures included having an independent actuary determine that these projections were based on methods and techniques that are generally accepted for use in the annual evaluation of SSA's programs. The projections show sufficient trust fund balances to make benefit payment until about the year 2055 for the Retirement and Survivors Insurance Trust Fund and between the years 2020 and 2025 for the Disability Insurance Trust Fund. The financial statement with the opinion letter from the Inspector General were included in SSA's Annual Report to the Congress, issued March 1, 1988.

### ARTERIAL BYPASS SURGERY

Medicare continues to cover surgery that a 1985 PHS funded study determined had no proven medical benefit. The HCFA consults with the PHS in determining the efficacy of medical procedures for Medicare coverage. In 1978 PHS had recommended coverage of extracranial-intracranial (EC/IC) bypass surgery, a procedure thought to improve blood flow and reduce the risk of stroke. The procedure has been covered by Medicare since 1979. In 1985, 790 of these EC/IC surgeries were performed at a cost to Medicare of about $10.7 million.

In November 1985, results of the PHS funded study were published that demonstrated a lack of benefit from the bypass surgery. One month later, in December 1985, HCFA asked PHS to consider its 1978 recommendation. The PHS attributed this delay to conflicting professional views on the merit of the NIH funded study.

The OIG recomemded that PHS promptly reconsider its 1978 recommendation and the HCFA take action to clarify coverage of this procedure upon receipt of PHS's response. The PHS responded to HCFA's request in August 1988 and recommended that Medicare coverage be withdrawn for EC/IC bypass surgery when used to treat ischemic cerebrovascular disease of carotid or middle cerebral arteries.

### SOCIAL SECURITY CLIENT SATISFACTION FISCAL YEAR 1988

The Congress, employee unions and advocacy groups have expressed concern that ongoing staff reductions at the Social Security Administration (SSA) are having an adverse effect on the quality of services SSA provides to its clients. The SSA reduced its staff by 2,200 full-time equivalents (FTE's) in both fiscal years 1985 and 1986, and by 4,700 FTE's in fiscal year 1987. An additional 2,400 FTE's were scheduled to be cut in 1988.

In 1987 and 1988 the OIG undertook surveys of Social Security clients and found high satisfaction with SSA services. Using the same methods as General Accounting Office (GAO) studies done in 1984 and 1986, the OIG found that 85 percent of the clients surveyed in 1987 rated SSA services good or very good, while 87 percent rated services either good or very good in 1988. (GAO had found that 78 percent of the clients rated service as good or very good in 1984 and 81 percent in 1986.)

In addition to finding that staff reductions have not had an adverse effect on service quality, the 1988 OIG survey determined that almost 40 percent of those who visited SSA offices would have preferred to telephone and 66 percent of all respondents would prefer to deal with SSA by telephone in the future.

### ACCESS TO ATTORNEYS FOR SOCIAL SECURITY CLAIMANTS

Individuals appealing Social Security title II determinations are entitled to representation during the appeal process. Claimants may be represented by an attorney or they may represent themselves. Section 206(a) of the Social Security Act authorizes the Secretary of Health and Human Services to prescribe the maximum fee that a representative may charge for services.

Prior to March 31, 1987, administrative law judges (ALJ's) had authority to approve fees that did not exceed $3,000. Fee requests over $3,000 were approved by regional chief ALJ's. On March 31, 1987 the SSA reduced the ALJ authorization amount to $1,500. Subsequently, representatives of the National Organization of Social Security Claims as well as attorneys who specialize in SSA cases, indicated that claimants were experiencing increasing difficulty in obtaining attorney representation. On December 16, 1987, SSA rescinded the policy which limited the ALJ fee approval policy to $1,500.

An OIG study found that the vast majority of title II claimants who request hearings are not having any difficulty obtaining lawyers. However, there was some confusion among claimants about SSA attorney fee arrangements. This results in costly hearing delays and postponements. The OIG recommended that SSA continue to support its current fee payment policy. It was also recommended that, to save time and money in the appeals process, SSA should assure that all hearing offices properly inform claimants about their rights to attorneys and about attorney fee arrangments.

### ADJUSTING TO TECHNOLOGICAL CHANGE IN SSA TO IMPROVE PUBLIC SERVICE

The SSA "Strategic Plan for the Year 2000" (issued January 1988) set forth the agency's plan to maximize use of available technology to provide the best possible service to SSA clients. Since these priorities include reducing face-to-face transactions with the public, SSA employees will be shifted away from their traditional method of service. At the heart of these changes are three initiatives: claims modernization, teleclaims and interview appointments.

During 1988, the OIG issued an inspection report which assessed how the SSA workforce is adjusting to these changes in service delivery. The study found that while SSA's field office employees are generally supportive of these initiatives, they have fully accepted only the claims modernization program. Employees have yet to fully accept the other changes, apparently because they are uncomfortable with moving away from traditional face-to-face service for walk-in clients to a telephone service mode.

The report recommended that SSA should: (1) communicate to field office staff a broader definition of what constitutes good service within the context of these three initiatives; (2) issue guidelines for educating the public on initiative advantages; (3) set forth the precise nature of expected software updates and timetables; (4) stress the importance of sharing best practices identified with these initiatives.

### QUALITY OF PATIENT CARE IN HOSPITALS

In order to determine the prevalence of poor quality of care under the prospective payment system (PPS), the OIG contracted with board certified physicians with peer review backgrounds to review a random sample of 7,050 Medicare patient files involving 239 hospitals. Reviewers defined poor quality care as substandard medical care *clearly* failing to meet professionally recognized standards under any circumstances in any locale. Because there are no comparable data on the quality of care in hospitals prior to implementation of PPS, the OIG could not infer a causal effect between PPS and poor quality of care.

The OIG found that 6.6 percent of the sampled patients received poor quality of care. The OIG also found that: (1) 80 percent of the reasons for poor quality of care involved the omission of necessary medical services, (2) peer review organizations (PRO's) lacked the authority to deny Medicare reimbursement for substantial medical care, (3) small, rural and nonteaching hospitals had higher rates of poor quality of care, and (4) many hospitals with the highest rates of poor quality of care also had high rates of unnecessary admissions and premature discharges.

The OIG recommended that the HCFA immediately issue regulations to implement a 1985 law giving PRO's authority to deny Medicare reimbursement for patients receiving substandard medical care. The OIG made additional recommendations including one that requested HCFA to determine why PRO's identify a substantially lower rate of poor quality of care cases than the OIG.

### UNNECESSARY ADMISSIONS TO HOSPITALS

Because of a concern that the prospective payment system (PPS) might give hospitals incentives to admit patients unnecessarily, the OIG conducted a random sample of 7,050 Medicare patients discharged from 239 hospitals between October 1984 and March 1985. The study determined that 10.5 percent of the hospital admissions were unnecessary. Projected nationally, HCFA paid hospitals approximately $2 billion for unnecessary admissions under PPS in fiscal year 1985. Seventy-eight percent of the unnecessary admissions for acute care would have been treated more appropriately in outpatient settings. Other patients unnecessarily admitted to hospitals: (1) were social admissions, (2) belonged in nursing facilities, (3) did not need acute care, or (4) received no acute care services during their hospital stays.

The OIG recommended the HCFA take a number of steps to improve peer review of hospital admissions by Medicare PROs. These corrective measures should include (a) determining why the PRO's identify a substantially lower rate of unnecessary admissions than the OIG, (b) mandating that PROs use standardized screens or criteria for admission reviews and (c) requiring that PRO's improve their identification of unnecessary admissions in order to improve targeting of problem hospitals and physicians for intensified review.

### PATIENT AND PROGRAM PROTECTION: HEALTH CARE PROVIDER SANCTIONS

The Congress continues to broaden (OIG) authorities to sanction health care providers, not only for fraud and abuse of the Medicare and Medicaid programs, but also for actions which could endanger patients. During fiscal year 1988, $12.5 million were assessed in civil monetary penalties (CMP) against 95 health care providers for falsely billing these programs. The CMP actions restore lost monies to the trust funds and serve as fraud deterrents, thereby helping to preserve funds integrity. The Medicare Catastrophic Coverage Act of 1988 will considerably broaden CMP authorities, including additional penalties for misleading advertisement, and false claims for intravenous drug therapy.

Exclusions from the Medicare and Medicaid programs prevent unscruplous providers from abusing both programs and patients. The Medicare and Medicaid Patient and Program Protection Act (MMPPPA) vastly expanded exclusion authorities to cover individuals and entities convicted of fraud against private insurers, obstruction of an investigation or abuse of a controlled substance as well as those convicted of program-related crimes. The MMPPPA also authorizes exclusions for filing excessive charges, providing services of poor quality or providing unnecessary services. Thirty-six providers were sanctioned under these last authorities during fiscal year 1988.

The OIG also imposes program exclusions or monetary penalties upon health care providers upon the recommendation of PROs. These groups of health care professionals in each State, paid by the Government to review patient's hospital care, are responsible for deciding whether care is reasonable and necessary, is provided in the appropriate setting and meets accepted standards of quality. During fiscal year 1988, 18 providers were sanctioned upon the recommendations of PRO's.

## OFFICE OF THE SURGEON GENERAL

### ACTIVITIES OF THE OFFICE OF THE SURGEON GENERAL IN AGING, FY 1988

The U.S. population is aging, and the impact on the health care system of this "graying of America" is an area of concern in health policy circles. With the increasingly older population, the ability of health promotion to enhance activity and productivity into later years, and to even extend functional lifespans, is of major interest. To meet the challenge of this increased population group, health professionals and workers must become acutely aware of the health needs, especially preventive interventions, for serving the aging constituency.

To highlight the unmet health promotion needs of the aging population, the Surgeon General convened an invitational workshop. The purpose of the workshop was to provide to the health professional community tangible recommendations and proposals for activity in the health promotion arena that deals directly with the elderly. The major areas that the workshop sought to address were medications, alcohol, dental health, mental health, preventive health services, exercise, smoking cessation, nutrition, and injury prevention. These topics were selected because there was sufficient scientific information to identify actions necessary to make positive impacts; there were existing constituencies that could implement recommendations; and there was existing interest in the topic area.

Overall, the *Surgeon General's Workshop on Health Promotion and Aging* sought to focus attention on health promotion and aging, solicit expert scientific and policy opinion by invited participants on mechanisms for optimizing health promotion among the elderly, develop a set of recommendations and policy proposals for the Surgeon General and the U.S. Public Health Service on meeting this challenge, and disseminate the final recommendations and suggestions of the workshop for public consumption.

The workshop was held in Washington, D.C., on March 20–23, 1988. Prior to the meeting, experts in each of the nine topic areas were commissioned to produce state-of-the-art papers on the respective topic areas. These were published as *Background Papers of the Surgeon General's Workshop on Health Promotion and Aging.* After being distributed to workshop participants, the publication was sent to multiple other interested parties upon request. The working groups deliberated on the topics based upon a charge from the Surgeon General to formulate recommendations that would address the problems existing in the various areas. The 365 recommendations were organized under the general headings of education and training, research, service, and policy. (A distribution of the recommendations by heading is shown in Table 1.) Although the workshop deliberations were for invited participants, there was an open plenary session on the morning of Wednesday, March 23, 1988, where the recommendations of the various working groups were presented publicly. Subsequent to the meeting, the *Proceedings of the Surgeon General's Workshop on Health Promotion and Aging* were published. The proceedings included all plenary presentations and all working group recommendations.

The workshop participants analyzed each topic area to identify problems or deficiencies and known accomplishments, including demographic and statistical descriptors when available. Developing technologies with critical impact on the specific area, behavioral components and vital linkages to other areas of interest were discussed. Research priorities and their potential uses including biomedical, technological, and behavioral areas were examined for this impact upon, and special implications for, minority segments within the elderly population. Future directions in the field, including the Year 2000 Objectives for the Nation and their implications, were reviewed for unique factors that will impact on professional practice for which specific interventions or preparation may be appropriate. The workshop sought to identify specific personnel requirements and specialized training that may be necessary; economic and financial issues; and areas for potential problem and rural sector cooperation.

The invitees at the workshop were selected to insure participation by experts in the respective topics areas. On the respective working groups, invitees included an individual from the geriatric network (area, State, or national), an individual from the Administration on Aging and its affiliated units, and individuals from involved Government agencies (Federal and State), aging organizations, congressional and legislative personnel, health professional and trade organizations, international observers, foundations, elderly advocates, and professional students with defined geriatric career goals.

Full-time graduate and professional students were selected on a competitive basis to serve as fully functioning members of the working groups. Participants selected were planning careers in the area of geriatric health care within the fields of nursing, medicine, graduate psychology, and optometry.

The workshop was sponsored by the Administration on Aging, the U.S. Public Health Service, the Brookdale Foundation, and the Henry J. Kaiser Family Foundation. Within the U.S. Public Health Service sponsors included the Food and Drug Administration, the National Institute on Aging, the Health Resources and Services Administration, the Office of Minority Health, the Office of Disease Prevention and Health Promotion, the Centers for Disease Control, the National Institute of Mental Health, and National Institute on Alcohol Abuse and Alcoholism.

After the workshop was completed, a major initiative was begun to disseminate the recommendations of the various working groups, to increase the knowledge of health professionals and the geriatric network about the nature of the recommendations, and to seek support for implementing the various recommendations. All recommendations were analyzed and lead entities for their implementation were identified. Requests for action from the Surgeon General were sent to these identified organizations which included 20 U.S. Public Health Service Agencies, and Offices; 10 other Federal Government entities; 33 trade and professional associations; 13 voluntary organizations; other Government (State) entities; and designated groups, for a total of some 130 identified organizations.

The two publications of the workshop have been widely distributed throughout the Federal Government, State governments, organizations interested in aging issues, and individuals who have responded to articles that have appeared in the professional and aging press. In addition to short articles published in many professional journals, articles related to the workshop outcomes have appeared in the international professional press and been provided to a variety of interested government and academic parties in various foreign countries. Additional efforts have been made to explain and distribute the recommendations to the press that reaches the older population.

To get the information to individuals involved with health promotion, presentations on the workshop recommendations have been made by the Office of the Surgeon General staff at numerous professional meetings. Also, a special briefing was held with executives of various foundations to obtain their active support in the funding of program efforts that will address the workshop recommendations. A special effort has been made to inform and actively involve the commissioned corps of the U.S. Public Health Service in the implementation of the recommendations. An ongoing effort will be made to track the implementation of the various recommendations, to stimulate efforts at health promotion in the aging population, and to focus the resources of the Office of the Surgeon General in an effort to incorporate health promotion components in other activities undertaken for the older population components.

TABLE 1.—RECOMMENDATION OUTPUT FROM WORKING GROUPS

| | Topic Areas | | | | |
|---|---|---|---|---|---|
| | Education | Service | Research | Policy | Totals |
| Group: | | | | | |
| Alcohol | 10 | 6 | 28 | | 38 |
| Dental | 9 | 3 | 8 | 12 | 32 |
| Exercise | 8 | 9 | 16 | 10 | 43 |
| Injury Prevention | 6 | 2 | 8 | 6 | 22 |
| Medications | 11 | 6 | 9 | 20 | 46 |
| Mental Health | 18 | 11 | 13 | 11 | 53 |
| Nutrition | 10 | 7 | 8 | 15 | 40 |
| Preventive Services | 17 | 12 | 5 | 5 | 39 |
| Smoking Cessation | 20 | 7 | 15 | 10 | 52 |
| Totals | 109 | 57 | 110 | 89 | 365 |

## OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION

The Office of Disease Prevention and Health Promotion (ODPHP) was established by Public Law 94-317, the National Consumer Health Information and Health Promotion Act of 1976, and functions under the provisions of Title XVII of the Public Health Service Act, as amended. Located within the Office of the Assistant Secretary for Health, at the U.S. Department of Health and Human Services (DHHS), the mission of ODPHP is to help promote health and prevent disease among Americans. The Office undertakes this mandate by developing prevention policy; coordinating and facilitating the prevention activities of the five principal agencies of the PHS; and helping to stimulate and foster the involvement of non-Federal groups in disease prevention and health promotion activities.

At the turn of the century, infectious diseases were the leading killers. Now, nearly half of all diseases and premature deaths can be traced to lifestyle factors such as smoking, improper diet, and lack of exercise. Identifying which behaviors, practices and habits enhance or threaten health, and encouraging the adoption of healthy behaviors, carry great potential for preventing disease and disability in all age groups, including the elderly.

Between 1950 and 1985, there was an 18 percent drop in the age-adjusted mortality rate for older adults. Much of this decrease is a result of the decline in death rates for two of the three leading causes of death for this age group—a 50 percent decline between 1950 and 1985 for stroke, and a 24 percent decline for diseases of the heart. In 1950, diseases of the heart accounted for 45.6 percent of the deaths of older Americans; in 1985, the percentage was 42.5. Stroke in 1950 accounted for 14.7 percent of older adult deaths; in 1985, the percentage was 9. Cancer death rates have steadily increased since 1950, in part reflecting an increase in lung cancer among women, which in turn is associated with the increased prevalence of cigarette smoking among women. Cancer has increased from 13.7 percent of deaths for this age group in 1950 to 20.2 percent in 1985.

The leading chronic health problems afflicting older adults—arthritis, hypertension, hearing loss, visual loss, and heart disease—also are conditions with the potential, in many cases, to respond to exercise, healthy diet, and early care.

Improving the quality of life for older Americans is a major goal of prevention programs that target the 65 and older population. ODPHP activities which address health promotion and disease prevention for older adults are as follows:

### HEALTH PROMOTION

### *Healthy Older People*

Healthy Older People is a national public education program on health promotion for people aged 55 and over. Begun in 1984 by ODPHP, the program was designed with a twofold objective: to educate older adults and to stimulate the growth of health promotion programs at State and local levels. Over the last 4 years:

—a variety of broadcast and print materials have been produced urging older adults to improve their health by eating right, exercising regularly, using medicines safely, giving up smoking, preventing injuries, and getting regular health checkups;

—these media and consumer information materials have been widely disseminated through a nationwide network of health and aging organizations which was created to implement Healthy Older People; and

—the active support has been gained of a broad range of public and private sector health care and aging agencies, voluntary professional organizations, and corporations at the national, State, and local levels in promoting the program's health messages to older adults.

In 1988, and continuing into 1989, ODPHP has provided leadership and direction in developing new program resources and facilitating the exchange of information and ideas related to health promotion and aging. A consumer "skill sheet" on the sixth topic area of the program—the regular use of preventive services—was developed and released in early 1988. An evaluation of the program has been conducted and will be released in early 1989. A program planner's guide to walking events for older people is due to be released in early 1989.

Much of the future activity, however, will derive from State and local government and the private sector. The American Association of Retired Persons, for example, is providing major funding for the publication of the Healthy Older People *Program Memo,* a newsletter aimed at local program directors. AARP soon will also be operating a health promotion and aging resource center through a 3-year grant from the Administration on Aging.

### NATIONAL HEALTH PROMOTION PROGRAM

ODPHP awards cooperative agreements to national membership organizations for health promotion programs to help generate support for disease prevention initiatives throughout the country. ODPHP has maintained a cooperative agreement with the National Council on the Aging (NCOA) over the past 3 years for the establishment of the National Center on Health Promotion and Aging at NCOA.

### PREVENTION POLICY

#### *Health Objectives for an Aging Nation*

ODPHP is responsible for monitoring progress toward meeting the 226 disease prevention and health promotion objectives for the year 1990, adopted in 1980, and establishing a new set of objectives for the year 2000. A series of public hearings were held across the country in late 1987 and early 1988 in order to build a broad consensus within the Public Health Service, among State and local health officials, and in the wider health care community about the priority prevention issues which need to be addressed over the next decade. One hearing, held in Washington in conjunction with a Surgeon General's Workshop on Health Promotion and Aging, addressed specifically the needs of an aging nation. Witnesses representing older Americans and service providers, along with health and aging experts, testified about how to maintain health and improve the quality of life in older people through physical fitness, nutrition, mental health, and social support strategies and chronic and infectious disease prevention.

One of the 21 priority areas for which national objectives will be set for the year 2000 will be to "improve and maintain the quality of life of older Americans." The National Institute on Aging has been assigned the lead agency responsibility for this prioriity area. A public draft of the new objectives is expected to be disseminated in June 1989, with the release of the final set of objectives to occur in 1990.

### AGE-SPECIFIC RECOMMENDATIONS FOR PREVENTIVE SERVICES

The U.S. Preventive Services Task Force, another activity coordinated by ODPHP, is charged with developing a standard set of recommendations for age- and sex-specific clinical preventive services. Several of the recommendations from the group of 20 non-Federal experts in preventive medicine and allied professionals were released serially in late 1987 and in 1988 in *The Journal of the American Medical Association.* The full and final report of the task force is due for release in early 1989.

## FAMILY SUPPORT ADMINISTRATOR

### Low Income Home Energy Assistance Program

The Low Income Home Energy Assistance Program (LIHEAP) is one of six block grant programs administered within the Department of Health and Human Services (HHS). LIHEAP is administered by the Office of Community Services (OCS) in the Family Support Administration.

LIHEAP helps low income households meet the cost of home energy. The program is authorized by the Omnibus Budget Reconciliation Act of 1981, as amended by the Human Services Reauthorization Act of 1986. In fiscal year 1988, Congress appropriated $1.532 billion for the program.

Block grants are made to States, territories, and eligible applicant Indian tribes. Grantees may provide heating assistance, cooling assistance, energy crisis intervention, and low-cost residential weatherization or energy-related home repair to eligible households. Grantees can make payments to households with incomes not exceeding the greater of 150 percent of the poverty level, or 60 percent of the State's median income.[1] Most households in which one or more persons are receiving Aid to Families with Dependent Children, Supplemental Security Income, Food Stamps, or need-tested veterans' benefits may be regarded as categorically eligible for LIHEAP.

Low income elderly households are a major target group for energy assistance. They spend, on average, a greater portion of their income for heating costs than other low income households. Grantees are required to target outreach activities to elderly or handicapped households eligible for energy assistance. Grantees can elect to provide other forms of priority treatment to these households. For example, a number of States provide the elderly and handicapped with easier application procedures, higher benefits, or favorable assets or income standards.

In fiscal year 1988, about 39 percent of households receiving assistance with heating costs included at least one person age 60 or over as estimated by the March 1988 Current Population Survey.

OCS is a member of the National Energy and Aging Consortium, which focuses on helping older Americans cope with the impact of high energy costs and related energy concerns.

No major program and policy changes for the elderly occurred in 1988. No new initiatives commenced in 1988 or are planned for 1989 that would impact on the status of older Americans.

### THE COMMUNITY SERVICES BLOCK GRANT (CSBG) AND THE ELDERLY

I. The Community Services Block Grant Act (Subtitle B, P.L. 97-35) authorizes the Office of Community Services (OCS) in the Department of Health and Human Services, to make grants to States and Indian tribes or tribal organizations. States and tribes have the authority and the flexibility to make decisions about the kinds of local projects to be supported by the State or tribe, using CSBG funds. The purposes of the CSBG program are:

> "(A) to provide a range of services and activities having a measurable and potentially major impact on causes of poverty in the community or those areas of the community where poverty is a particularly acute problem;
>
> (B) to provide activities designed to assist low-income participants including the elderly poor—
>
> (i) to secure and retain meaningful employment;
> (ii) to attain an adequate education;
> (iii) to make better use of available income;
> (iv) to obtain and maintain adequate housing and a suitable living environment;
> (v) to obtain emergency assistance through loans or grants to meet immediate and urgent individual and family needs, including the need for health services, nutritious food, housing, and employment-related assistance;
> (vi) to remove obstacles and solve problems which block the achievement of self-sufficiency;
> (vii) to achieve greater participation in the affairs of the community; and
> (viii) to make more effective use of other programs related to the purposes of this subtitle;

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[1] Beginning with fiscal year 1986, States are prohibited from setting income eligibility levels lower than 110 percent of the poverty level.

(C) to provide on an emergency basis for the provision of such supplies and services, nutritious foodstuffs and related services, as may be necessary to counteract conditions of starvation and malnutrition among the poor;

(D) to coordinate and establish linkages between governmental and other social sevices programs to assure the effective delivery of such services to low income individuals; and

(E) to encourage the use of entities in the private sector of the community in efforts to ameliorate poverty in the community;" (Reference Section 675(c)(1) of P.L. 97-35).

It should be noted that although there is a specific reference to "elderly poor" in (B) above, there is no requirement that the States or tribes place special emphasis on the elderly or set aside funds to be specifically targeted on the elderly. Neither the statute nor implementing regulations include a requirement that grant recipients report on the kinds of activities paid for from CSBG funds or the types of indigent clients served. Hence, it is not possible for OCS to provide complete information on the amount of CSBG funds spent on the elderly, or the numbers of elderly, or the numbers of elderly persons served.

II. *Major Activities or Research Projects Related to Older Citizens in 1988 and 1989.*—The Office of Community Services made no major changes in program or policy related to the CSBG program in 1988. No research projects were conducted in 1988.

The Human Services Reauthorization Act of 1986 (which authorized CSBG) contained the following language: "each such evaluation shall include identifying the impact that assistance . . . has on . . . the elderly poor."

The collection of impact data in this area is a new activity that the Office of Community Services will conduct in fiscal year 1989.

III. Funding levels under the CSBG program for States and Indian Tribes or tribal organizations amounted to $325.5 million in fiscal year 1988. In fiscal year 1989, $318.6 million was appropriated.

## OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) serves as the principal advisor to the Secretary on policy development and/or management decisions for all population groups served by the Department, including the elderly. The long-range goal of policy research in this office is to provide factual information for use by departmental decision-makers in the development of new policies and the modification of existing programs. This office is responsible for legislative development, planning, policy analysis and research and evaluation oversight.

ASPE is involved in a broad range of activities related to aging policies and programs. Specific grants and contracts which include the elderly as a major focus are listed individually in this report. In addition, there are a number of research, evaluation and coordination activities which integrate aging concerns with those of other population groups. For example, the elderly are included in studies of health care delivery, poverty, State-Federal relations and public and private social service programs.

ASPE also maintains a national clearinghouse which includes aging research and evaluation materials. The ASPE Policy Information Center (PIC) provides a centralized source of information on evaluative research relevant to the Department's programs and policies. On-going and completed HHS evaluations are tracked, compiled and retrieved. In addition, the PIC database includes ASPE policy research, the Inspector General's program inspections and reports from the General Accounting Office, Congressional Budget Office and Office of Technology Assessment of relevance to the Department. Research studies of a short-term evaluative nature conducted by the Department were recently added. Copies of final reports of the studies described in this statement are available upon completion from PIC.

During 1988, staff of the Office of the Assistant Secretary for Planning and Evaluation undertook or participated in the following analytic and research activities which had a major focus on the elderly:

### 1. Policy Development

#### LONG TERM CARE

ASPE plays a major role in analyzing long term care issues which cut across the major divisions of the Department. In 1988 ASPE was charged with the responsibility of designing and coordinating the long term care research requirements included in the Medicare Catastrophic Coverage Act of 1988. ASPE, in conjunction with the Health Care Financing Administration, the National Center for Health Services Research, the National Center for Health Statistics and the Administration on Aging develolped plans to examine issues related to the delivery and financing of long term care services for Medicare beneficiaries.

### AGING

#### *Task Force on Alzheimer's Disease*

As a member of the DHHS Council on Alzheimer's Disease, ASPE assisted in preparation of the annual report to the Congress on selected aspects of caring for persons with Alzheimer's disease. The report focused on the ways in which the Department is developing state-of-the-art services research on the disorder.

#### *Federal Interagency Forum On Aging-Related Statistics*

ASPE is a member of the Federal Interagency Forum on Aging-Related Statistics (The Forum). The Forum was established to encourage the development, collection, analysis, and dissemination of data on the older population. The Forum seeks to extend the use of limited resources among agencies through joint problem solving, identification of data gaps and improvement of the statistical information bases on the older population that is used to set the priorities of the work of individual agencies.

#### *Departmental Coordinating Group on Aging Data*

ASPE is the lead agency for the Coordinating Group whose primary responsibility is to evaluate departmental needs for data on the aging population and to develop processes and policies that will guide the collection of data relevant to the aging population throughout the decade of the 1990's. The data sets of interest are those funded by DHHS, those that are ongoing or likely to be included in future budgets, and those that provide information on persons 55 years of age and older.

## ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION

### PROGRAM ON ALZHEIMER'S DISEASE, RELATED DEMENTIAS, AND MENTAL DISORDERS OF AGING

### CLINICAL RESEARCH RELATED TO AGING—PROJECT ABSTRACTS

#### *Long Term Care Microsimulation Model*

During 1988 ASPE made extensive use of the Long Term Care Financing Model developed by ICF, Inc., and the Brookings Institute. The model simulates the utilization and financing of nursing home and home care services by a nationally representative sample of elderly persons for the period 1986 to 2020. It gives the Department the capacity to simulate the effects of various financing and organizational reform options on future public and private expenditures for nursing home and home care services. Work has now begun on making the model available to the general research community.

### 2. RESEARCH AND DEMONSTRATION PROJECTS

### DISABILITY PROFILES AND POLICY ANALYSES

Mathematica Policy Research (Contractor) and SysteMetrics/McGraw-Hill, Inc. (Subcontractor)
Patricia Doyle and Brian Burwell, Principal Investigators

Three principal policy issues affecting the disabled will be analyzed: (1) participation in Federal programs; (2) Federal program interaction; and (3) recipient work effort. The focus will be on four major HHS programs affecting the disabled—Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), Medicare, and Medicaid. The primary source of data will be the 1983–84 panel of the Survey of Income and Program Participation (SIPP). The SIPP data will be supplemented, when necessary, with information from populations either not included in SIPP (the institutionalized) or underrepresented (disabled children).

The project will produce a series of reports on policy issues: a general description of the disabled population using differing definitions of disability; a history and description of Federal programs targeted on the disabled; program participation rates under varying eligibility scenarios; the effect of interlocking program rules; a comparison of differences between disabled persons who work and those who do not; an analysis of several special topics, such as program turnover, disability of children, or the effect of Medicaid buy-in and cost sharing mandated by the Medicare Catastrophic Coverage Act of 1988; and a final report synthesizing the findings.

Funding: Fiscal year 1988—$335,000; fiscal year 1989—$39,768.

End Date: March 1990.

### DISABILITY AND LONG-TERM TRENDS IN HEALTH STATUS

University of Wisconsin, Institute for Research on Poverty
Robert Haveman and Barbara Wolfe, Principal Investigators

This project, which was completed in 1988, consisted of several interrelated 2-year studies of disability and health status. The last twenty years have brought improvements in health status, physical fitness, and job safety, yet an increasing incidence of disability has been reported, especially among men of older working age. Three reports produced by this study addressed the following questions: Is disability actually more extensive now, or is it simply being reported more accurately because of the growing emphasis on fitness and environmental and safety factors? Do those at risk of disability now live longer because health problems are better detected, then treated? In terms of economic well-being, what role has been played by increased public transfers? The three were as follows:

"Determinants of Health Condition Incidence and Disability Transfer Recipiency, 1972–1978" (September 1988) by Thomas Donley, Robert Haveman, and Barbara Wolfe; "Disability Status as an Unobservable" (May 1988) by Barbara Wolfe and Robert Haveman; and, "The Economic Well-Being of the Disabled—1962 to 1984" (July 1988) by Barbara Wolfe and Robert Haveman.

Funding: Fiscal year 1985—$226,324.

End Date: September 1988.

### FINANCIAL AND MACROECONOMIC IMPLICATIONS OF ACCUMULATION AND DECUMULATION IN THE OASDI TRUST FUNDS

Brookings Institution
Henry Aaron, Gary Burtless, and Barry Bosworth, Principal Investigators

ICF Inc., Wharton Econometric Forecasting Associates and Dale Jorgensen Associates, Sub-Contractors
Joseph Anderson, Principal Investigator

This project was an investigation into the medium and long-run policy implications of massive projected OASDI trust fund accumulations followed by decumulations, on trust fund investment strategy, the conduct of monetary policy, savings, capital formation, and economic growth. The project was jointly supported by ASPE and the Social Security Administration.

This research had three objectives: (1) selection of representative economic policy scenarios for the period 1986–2050, based on plausible assumptions about variations in Federal budgetary and monetary policies, and using theories of economic behavior that have broad acceptance in the professional economic community; (2) analyses of the nature and timing of possible significant effects on the national economy that might result from the investment and later disinvestment of the combined assets of the OASDI Trust Funds under each of the economic policy scenarios; and (3) analyses of the implications of these effects for current OASDI Trust Fund investment policy, including the possible desirability or necessity of revising that policy, the nature of any revisions that might be contemplated and the nature of any revisions that might be contemplated and the rationable for these conclusions. Final reports were received in the spring of 1988.

Funding: ASPE—fiscal year 1987—$20,256.

End Date: April 1988.

### AN ANALYSIS OF ASSISTANCE TO THE ELDERLY POOR UNDER THE SUPPLEMENTAL SECURITY INCOME PROGRAM

Lewin/ICF
David Kennell, Burt Barnow, and John Shiels, Principal Investigators

This project will privide: (1) An empirical description of the population aged 65 and older eligible for SSI, and those participating in the program, over a series of years dating back to the program's inception and projections of those populations up to 2020; (2) a conceptual model that explains the pattern of participation, along with an analysis of the factors that affect participation; (3) an examination of the interaction of SSI with other government programs that serve the elderly to determine the total level of income support provided to SSI recipients when other program benefits are included; and (4) an evaluation of the adequacy of survey and program data available, and recommendations on additional statistics and research needed to evaluate Federal and State policies in the SSI area.

Funding: $128,960.

End Date: March 1989.

### THE RETIREMENT EARNINGS TEST AND RETIREMENT INCENTIVES

Lewin/ICF
Alan Gustman, Principal Investigator

The social security retirement earnings test (RET) results in the reduction of a retired individual's benefit by 50 cents for every dollar above $8,400 in 1988. This study will provide econometric estimates of how the labor supply (hours) and the retirement decision of the individuals aged 65–69 would be affected by changes in the RET. The project will also provide: (1) an analysis of the incentives for retirement implicit in various pension plans and the effects of these incentives and social security provisions on labor supply and the retirement decision; (2) simulation estimates of the aggregate effects of full or partial removal of the earnings test on labor supply and labor market earnings; and (3) estimates of the implicit and explicit taxes on the income of elderly and estimates of the effects of taxation, especially taxation of benefits, on the timing of acceptance of Social Security benefits.

Funding: $127,290.

End Date: June 1989.

### TAXPAYER AND EMPLOYER PROVISION OF FRINGE BENEFITS

Upjohn Institute
Stephen A Woodbury and Wayne Wendling, Principal Investigators

A model was developed to predict changes in the mix of total compensation in response to changes in personal and corporate income taxation and other Federal policies. The study will measure differences in the employers' cost of providing different benefits as a way of estimating tradeoffs between components of the fringe-benefits package, particularly between health benefits and pension benefits. This method should produce improved estimates of previously measured tradeoffs between fringe benefits as a whole and wages, as well as accurate simulations of responses by employees to a variety of potential policy changes.

A draft final report was received in June 1988. In addition, preliminary study results were presented in a paper entitled "An Evaluation of Proposals to Tax Employer Contributions to Voluntary Pension and Health Insurance Plans" by Stephen A. Woodbury and Wei-Jang Huang to the European Communities' Conference on New Issues on Wages, Non-Wages and Employment in September 1988.

Funding: Fiscal year 1984-$71,650.

End Date: December 1988.

### PANEL STUDY OF INCOME DYNAMICS

University of Michigan, Institute for Social Research
James N. Morgan, Greg J. Duncan, and Martha S. Hill, Principal Investigators

Through an interagency consortium coordinated by the National Science Foundation (NSF contributes approximately $1.5 million per year), ASPE assists in the funding of the Panel Study of Income Dynamics (PSID). This is an ongoing nationally representative longitudinal survey that began in 1968 under the auspices of the Office of Economic Opportunity. The PSID has gathered information on family composition, attitudes, employment, sources of income, housing, mobility, and a host of other subjects every year since then on a sample of approximately 5,000 families and has followed all original sample members that have left home. The current sample size is over 7,000 families. The data files have been disseminated widely and are used by hundreds of researchers both within this country and in numerous foreign countries to get an accurate picture of changes in the well-being of different demographic groups including the elderly.

Funding: ASPE (and HHS precursors)—fiscal year 1967 though fiscal year 1979—$10,559,498; fiscal year 1980—$698,952; fiscal year 1981—$600,000; fiscal year 1982—$200,000; fiscal year 1983—$250,999; fiscal year 1984—$550,000; fiscal year 1985—$300,000; fiscal year 1986—$225,000; fiscal year 1987—$250,000; fiscal year 1988—$250,000; fiscal year 1989—$250,000.

### SURVEY OF CONSUMER FINANCES

University of Michigan, Survey Research Center
Richard Curtin, Principal Investigator

The Survey of Consumer Finances interviewed a representative sample of U.S. families in the Spring of 1983 gathering a detailed accounting of family assets and liabilities; questioning also covered financial behavior and attitudes, work status, job history, and expected benefits from pensions and social security. A supplemental instrument gathered information on the pension entitlement of individuals in the sample. Detailed descriptions of pension plans are being linked to household files.

Data from the survey are expected to be widely used for investigation of the distribution of holdings of various assets and liabilities, of net worth, and of entitlement to pension and social security benefits. In addition, these data will support research on financial behavior of individuals and on the effect of social security and pensions on the holdings of other assets.

The survey was jointly sponsored by the Board of Governors of the Federal Reserve System, the Department of Health and Human Services, the Department of the Treasury, the Federal Deposit Insurance Corporation, the Federal Trade Commission, and the Department of Labor.

The Survey Research Center completed the second wave of the survey. Follow-up telephone interviews with respondents from the first survey were conducted updating basic information from the original wave and adding new areas of questioning. Data from this wave will be available Winter 1988. A third in-person wave will be conducted in 1989 to obtain another household balance sheet for those in the original sample, supplemented by an additional sample of households.

Funding: ASPE—$1,012,096; Total—$1,711,983.

Funding by fiscal year: 1982—$750,000; 1983—$132,096; 1984—$130,000; 1989—$50,000.

### INSTITUTE FOR RESEARCH ON POVERTY SMALL GRANTS PROGRAM

University of Wisconsin, Institute for Research on Poverty

As part of the Congressional earmark for the Institute for Research on Poverty (IRP), awards grant awards are provided to individuals not associated with the Poverty Institute for research in broad areas of government policy toward poverty. Several have some connection to research on the elderly. Among those awarded in 1988 are the following:

"Measuring Intergenerational Income Mobility" by Gary Solon, University of Michigan.

"Poverty, Living Arrangements, and Residential Mobility of Elderly Persons" by Alden Speare, Brown University.

The following study completed in 1988 had relevance to the elderly:

"Poverty and Living Arrangements Among Older Women: Are Changes in Economic Well-Being Underestimated" *Journal of Gerontology: Social Sciences*, (January 1988) by Karen C. Holden.

### LONG-TERM CARE SERVICE USE: LONGITUDINAL AND PREDICTIVE MODELS

Hebrew Rehabilitation Center
John Morris, Principal Investigator

This research will characterize community and institutional service use patterns over a 5-year period (1982-87), based on secondary analyses of longitudinal data for over 4,000 Massachusetts elderly. Emphasis will be placed on community service use of persons judged to be at high risk of institutional placement. For nursing home users, the elderly will be distinguished as long-stayers, short-stayers or terminal. The proposed data set consists of two samples: a cross-sectional cohort of community residing elderly (70 percent of the total sample) and a cross-sectional cohort of elderly clients served in the Massachusetts Home Care Program.

Funding: Fiscal year 1987—$54,536.

End Date: January 1989.

### THE USE, COST AND ECONOMIC BURDEN OF NURSING HOME CARE IN 1985

University of North Carolina, School of Public Health
Tom Rice, Principal Investigator

Data from the 1985 National Nursing Home Survey will be analyzed to determine the amount and duration of the out-of-pocket payments for nursing home care. Characteristics of those who pay for nursing home care out-of-pocket will be compared with those whose care is Medicaid financed. The analysis is expected to result in a better understanding of how many and how quickly private pay patients "spend down" to Medicaid eligibility.

Funding: Fiscal year 1987—$49,851.

End Date: September 1988.

### CHARACTERISTICS OF THE ELDERLY LONG TERM CARE POPULATION AND ITS SERVICE USE

Duke University, Center for Demographic Studies
Ken Manton, Principal Investigator

The project is organized into two phases. In the first year there will be an analysis of the 1982-84 National Long Term Care Survey and the National Long Term Care Channeling Demonstration data sets. The focus will be on functional transitions at advanced ages and the impacts of long term care services on these transitions. In the second phase, additional national data bases like the Longitudinal Supplement on Aging will be examined to refine and extend the understanding of health and functional status changes among the impaired elderly as well as trends in service use.

Funding: Fiscal year 1987—$56,933.

End Date: September 1989.

### REDUCING NURSING HOME UTILIZATION COSTS THROUGH COMMUNITY-BASED LONG TERM CARE: AN OPTIMIZATION ANALYSIS USING DATA FROM THE NATIONAL CHANNELING DEMONSTRATION

Syracuse University, Maxwell School of Citizenship and Public Affairs
Vernon Green, Principal Investigator

The research addresses the question of the extent to which long term care resources can be allocated strategically among clients to reduce nursing home use and costs. It will make use of techniques of econometrics and mathematical optimization to address this issue, using data from the National Long Term Care Channeling Demonstration.

Funding: Fiscai year 1987—$76,297.

End Date: September 1988.

### 1988 NATIONAL LONG TERM CARE SURVEY—ADDITIONAL ACTIVITIES

Duke University, Center for Demographic Studies
Ken Manton, Principal Investigator

Under a grant from the National Institute on Aging (NIA), Duke University (through the Census Bureau) is conducting the 1988 National Long Term Care Survey. Duke will produce a data file consisting of the 1982, 1984 and 1988 surveys linked to Medicare bill records. An additional grant jointly administered by NIA and the Office of the Assistant Secretary for Planning and Evaluation will support three supplementary activities: (a) a survey of informal caregivers (b) a follow-back survey of institutionalized persons and (c) an analysis of the effects of supply factors on respondent use of services.

Funding: Fiscal year 1987—$300,000.

End Date: September 1989.

### DESIGNING A STUDY OF THE APPROPRIATENESS OF POST-HOSPITAL CARE RECEIVED BY MEDICARE BENEFICIARIES

Systems Sciences, Inc. and Mathematica Policy Research
Cyrus Baghelai and Barbara Phillips, Principal Investigators

The Office of the Assistant Secretary for Planning and Evaluation, in conjuction with the Health Care Financing Administration, intends to conduct a large survey of Medicare beneficiaries to investigate whether beneficiaries are receiving adequate post-hospital care and to determine the consequences of the failure to receive such care. Due to the complex nature of this study, a number of methodological issues must be resolved before it can be conducted in two phases: (a) the pilot study phase and (b) the national study phase.

The pilot phase is in progress and has included an assessment of the advantages and disadvantages of a variety of approaches to carrying out the study and the development of the data collection instruments and the guidelines to be used to determine the adequacy of care received. The field work for the pilot study is scheduled to begin in March 1989 and will include testing of the guidelines and the data collection instruments.

Upon completion of the pilot study, the data will be analyzed and a determination made regarding the feasibility of implementing the large scale survey of Medicare beneficiaries.

Funding: Fiscal year 1986: $150,000; fiscal year 1987: $200,000.

End Date: March 1989.

### ANALYSIS OF MEDICARE SERVICE USE AND INSTITUTIONALIZATION

Duke University and the Urban Institute
Ken Manton, Principal Investigator

This project will use the 1982 and 1984 Long Term Care Surveys to identify persons who became institutionalized during the study period, to examine the frequency of those admissions, to determine the effects of nursing home admissions on household income and assets (spend down), and to examine differences in the health and functional status of persons who experience spend down versus others who don't. The extensive survey data on income and assets and marital status will allow a comprehensive analysis of the broader spend down issue as well as a more narrowly focused examination of the community spouse issue (i.e., the availability of household assets when the asset-holding spouse is institutionalized and the other spouse remains in the community).

Funding: Fiscal year 1987 $150,000.

End Date: October 1988.

### REVIEW OF STATE QUALITY ASSURANCE PROGRAMS FOR HOME CARE

Macro Systems, Inc.
Jim Focht, Principal Investigator

This study is designed to examine the manner in which states ensure the quality of home care services. Key officials in 21 states will be interviewed to obtain information on the programs those states employ to ascertain whether there are quality-related problems in the delivery of home care services and to identify and examine mechanisms used to address those problems.

Although Medicare funded services will be examined the major responsibility for ensuring the quality of home care services rests with the states. Accordingly, the major focus of the project will be those services funded under the Older Americans Act, the Social Services Block Grants, Medicaid and other state and locally funded programs.

Funding: Fiscal year 1987 $134,000.

End Date: December 1988.

### SMALL AREA SYNTHETIC ESTIMATATION OF DEPENDENCY

University of North Carolina, School of Public Health
William Weissert, Principal Investigator

While a substantial portion of long term care planning occurs at the state and local level, most prevalence rate estimates on functional dependency are reliable only nationally. This study will produce models to estimate the prevalence of functional dependency among the non-institutionalized elderly for small areas (states and counties) for each of three income groups: household income less than $3,000; $3,000–40,000; greater than $40,000. Specific estimates of functional dependency for each state and selected counties will also be made. Software showing how to do these analyses will be developed and disseminated to state and local officials. The data sets employed will include the 1980 Census, the 1977, 1979 and 1980 Health Interview Surveys and the 1977 Nursing Home Survey.

Funding: Fiscal year 1987 $50,725.

End Date: January 1989.

### PREMIUM PRICING OF PROTOTYPE PRIVATE LONG TERM CARE INSURANCE POLICIES

Brookings Institution
Joshua Weiner, Principal Investigator

This project will make estimates of the benefits, costs and premiums for prototype long term care policies. It will examine the sensitivity of insurance premiums to different assumptions about age of purchase, amount of coverage, inflation, and group versus individual policies. Knowing the price of various prototype insurance policies will enable public policymakers to better assess the potential market for such insurance.

Funding: Fiscal year 1988 $100,000.

End Date: October 1989.

### THE USE, COST, AND ECONOMIC BURDEN OF NURSING HOME CARE IN 1985

University of North Carolina
William Weissert, Principal Investigator

This project will compare the determinants of institutionalization for two time periods, 1977 and 1985, based on the National Nursing Home Surveys and will examine policy, supply and other variables associated with perceived differences. A product of the project will be a kit that practitioners can use to assess the probable risk of institutionalization of their clients and applicants.

Funding: Fiscal year 1988 $47,250.

End Date: October 1989.

### CAREGIVER BURDEN AND INSTITUTIONALIZATION, HOSPITAL USE AND STABILITY OF CARE

University of Illinois
Baila Miller, Principal Investigator

Using the 1982 and 1984 National long Term Care Surveys (including the 1982 Informal Caregiver Survey component), the project will focus on the impact of caregiver burden. The study should yield policy relevant information on the relationship of different types of caregiver burdens to institutionalization. It will help focus the need for caregiver support services in the community as well as other community-based services.

Funding: Fiscal year 1988 $58,401.

End Date: October 1989.

### AN ANALYSIS OF SPEND DOWN DYNAMICS IN NURSING HOMES

Connecticut Department of Health Services, Center for Health Policy and Community Relations
Christine Pattee, Principal Investigator

This project addresses in detail the issue of Medicaid spend-down, using the Connecticut Nursing Home Patient Registry, an 8-year longitudinal data file. Each record in the file contains the dates of all patient admissions and discharges, along with demographic, diagnostic and functioning level data. By using this fule, it will be possible to follow the career of individual patients from first admission to a nursing home, through subsequent discharges and readmissions, until date of final discharge.

In addition to focusing on spend down, the study will analyze demographic, utilization and outcome patterns in the patient population and changes in these patterns over time.

Funding: Fiscal year 1988 $130,154.

End Date: October 1989.

### FACTORS ASSOCIATED WITH A BREAKDOWN IN CAREGIVING AMONG INFORMAL CAREGIVERS TO THE FUNCTIONALLY AND COGNITIVELY IMPAIRED ELDERLY POPULATION

Johns Hopkins University
Donna Helm, Principal Investigator

This project will examine factors associated with the breakdown of informal caregiving to functionally and cognitively impaired persons. The National Long Term Care Survey, Informal Caregivers Survey (1982), will be used to develop a profile of caregivers and to examine the differences in caregiver burden experienced by those who provide for the cognitively impaired versus the functionally impaired. Further, the factors contributing to a breakdown in caregiving will be identified and analyzed.

Funding: Fiscal year 1988 $50,000.

End Date: October 1989.

### COMMUNITY PROGRAM SIZE AND QUALITY

Temple University, Developmental Disabilities Center
James Conroy, Principal Investigator

This project focuses on the relationship between community residential setting size and quality of care for persons with developmental disabilities. It will develop information that will help state planners understand the advantages and disadvantages of residential settings of various bed capacities. The Pennhurst Longitudinal data base will be analyzed using the size issue as the central problem to be investigated.

Funding: Fiscal year 1988 $25,324.00.

End Date: September 1989.

### PROSPECTIVE OUTCOMES OF INFORMAL AND FORMAL HOME CARE: TIME TO INSTITUTIONALIZATION OR MORTALITY

People-to-People Health Foundation, Inc. (Project Hope) Center for Health Affairs
Gail Wilensky, Principal Investigator

This project is designed to determine what combinations of caregivers (e.g. paid and unpaid) are more efficacious in preventing or delaying mortality or institutionalization. The study will examine the outcomes separately for Blacks, Hispanics, and other races. If some caregiving arrangements rather than others result in improved outcomes, policymakers will be better able to target resources for home-based care where those more effective arrangements exist or can be created.

Funding: Fiscal year 1988 $48,521.00.

End Date: October 1989.

### POST-ACUTE CARE FOR MEDICARE PATIENTS

University of Minnesota
Robert Kane, Principal Investigator

The primary objective of this study is to establish the "natural history" of the care received by Medicare patients who receive and potentially benefit from rehabilitative services. Availability of care in other post-acute care settings can influence both the cost and the outcome of rehabilitative care. Providing a history of where, what, and how much care beneficiaries receive as well as a measure of their outcome will provide the factual and statistical basis for examining a prospective payment system for Medicare rehabilitative services and, potentially, for other post-acute care services. Further, it will provide an analytic base for measuring outcomes related to Medicare quality of care in post-acute care settings.

Finally, findings from an examination of Medicare beneficiaries and Medicare-provided services also can provide a proxy or surrogate measure of needs, services and outcomes pertinent to the broader population receiving similar rehabilitative services.

Funding: Fiscal year 1988 $500,000; 1988 $727,000.

End Date: September 1989.

### ANALYSIS OF LINKED CARRIER AND INTERMEDIARY DATA BASES

The Circle, Inc.
Peter McMiniman, Principal Investigator

The purpose of this contract is to modify an ongoing contract initiated in 1987 which is developing linked A-B Medicare data in 6 States for the period 1983-85. The modification will add linked 1986-88 A-B data in the same States to the previously developed data base.

Funding: Fiscal year 1989 $50,000.

End Date: September 1989.

### EXPANSION OF ON-GOING ANALYSIS OF 250 PHYSICIAN VOLUME ISSUES

Center For Health Economics Research
Janet Mitchell, Principal Investigator

A ten state data base of claims for 1985 through 1988 is currently being analyzed by HCFA to explore the growth in volume and intensity in Medicare Part B during the period and to examine selected other issues in physician payment (e.g., geographic variation). This project will provide the additional resources necessary to expand and strengthen the basic analysis by adding to it a second set of data for six additional States, including the state of Pennsylvania. Because Pennsylvania is the largest and most urbanized State in the whole set, its inclusion will serve to substantially strengthen the data's utility.

Funding: Fiscal year 1989 $250,000.

End Date: September 1989.

### REPLICATION OF THE 1982 STUDY OF RESOURCE COSTS IN 25 HOSPITALS

Center for Health Policy Studies
Henry Miller

In 1982, ASPE conducted a study of the resource costs required to deliver clinic and emergency room services to Medicare patients in 25 large urban hospital outpatient departments. The resources required to produce such services were found to be greater than claimed by the hospitals on their Medicare cost reports. After the implementation of PPS, hospitals had an incentive to shift costs to the outpatient side. Replicating the 1982 study (initiated with 1988 funds) will allow examination of the degree to which hospitals have acted on this incentive. In addition, the replicative study is being expanded to examine the resources required to deliver ambulatory surgical services and to compare these with the resource costs required to deliver similar services through ambulatory surgical centers in the same cities.

Funding: Fiscal year 1988 $270,000; fiscal year 1989 $50,000.

End Date: September 1989.

### EVALUATION OF AN APPROACH TO MAINTAINING THE MEDICAL CURRENCY OF RURAL PHYSICIANS AND HOSPITALS

Texas Tech
A. Bryan Spives, MD

OBRA 1987 required the Department to explore and to test the feasibility of "requiring instructions and oversight of rural physicians . . . through use of video communications between rural hospitals and teaching hospitals" to maintain and improve the quality of delivered medical care, with special emphasis on Medicare beneficiaries." This activity is to be supported jointly by HCFA and PHS, with ASPE responsible for support of necessary evaluation activities. This project will support the evaluation component.

A two-part, 3-year effort, totalling $350 thousand in evaluation, is envisioned. The first component, internal evaluation, will be supported through partial funding of the OBRA 1987-required project(s). The second component, external evaluation, will be supported through consortium funding by PHS, HCFA, and ASPE of an independent evaluation contract.

Funding: Fiscal year 1988 $150,000; fiscal year 1989 $100,000; fiscal year 1990 $50,000.

End Date: September 1990.

### GRANT PROJECT SUMMARY

Grant No./Prof/Suf: 5 RO1 MH40827-04.
Institution: Univ. of Arizona.
Project Director: Kathryn Bayles.
Year of Support: 4 of 5 approved yrs.
Fiscal year 1988: $167,969.
Project Title: Communication Disorders in DAT: Longitudinal Perspective.

Project Description: The purpose of the proposed project is to longitudinally and comprehensively investigate the nature of communicative impairment in patients with Alzheimer's dementia (DAT) who have been carefully evaluated as to (a) age of disease onset, (b) presence of extrapyramidal symptomatology, (c) family history of DAT, (d) rate of disease progression, and (e) dementia severity. The proposed study has been designed to determine the existence of linguistically unique subgroups within the DAT population should they exist. An extensive communication test battery will be administered once yearly for five years to DAT patients and normal subjects. Information from medical exams and family interviews will be used to classify subjects according to the aforementioned variables. The study will produce the first well-documented natural history of linguistic dissolution of DAT patients controlled for severity, age, family history, extrapyramidal symptomatology, and rate of disease progression. Clinicians will have extensive information about the diagnostic efficacy of a wide range of communication measures and their suitability for use with different types of DAT patients. Baseline data about communicative functioning of DAT patients will be available to clinicians desirous of testing the efficacy of various therapies.

Grant No./Prof/Suf: 1 RO1 MH42103-01A1.
Institution: Georgetown Univ.
Project Director: Nathan Billig.
Year of Support: 1 of 4 approved yrs.
Fiscal year 1988: $199,607.
Project Title: Mental Status Changes After Surgery in the Elderly.

Project Description: The purpose of this study is to assess the extent to which cognitive impairment and/or depression are precipitated or exacerbated by surgery in the elderly. Specifically, the research aims include: 1) to assess the prevalence of peri-operative cognitive impairment and depression in elderly subjects; 2) To assess whether hospitalization and surgery serve as precipitating factors for cognitive impairment and depression in the elderly; 3) To define cognitive impairment in the peri-operative period as to its clinical correlates and time course; 4) To estimate the extent to which elective surgery affects recovery of pre-morbid functioning. This study will yield results which will confirm or dispel anecdotal reports that some elderly patients undergoing surgery deteriorate mentally after the procedures. It will identify which subjects are the most vulnerable and which circumstances the most noxious. This information will assist physicians, families, and patients in assessing the risks of surgery, and also set the stage for possible interventions which might prevent or limit untoward effects of necessary procedures.

Grant No./Prof/Suf: 5 RO1 MH38623-09.
Institution: Albert Einstein College.
Project Director: Peter Davies.
Year of Support: 9 of 9 approved yrs.
Fiscal year 1988: $295,890.
Project Title: Aging and Dementia: Cholinergic Neuron Biochemistry.

Project Description: The goal of this investigation is to provide insight into the etiology and pathogenesis of the cholinergic dysfunction of Alzheimer's disease and some other dementing disorders, and to attempt to use some of the information obtained to improve the accuracy of differential diagnosis. The project will expand studies of ventral forebrain cholinergic neurons innervating cerebral cortex and hippocampus, since it is now established that these cells dysfunction in cases of Alzheimer's. Using monoclonal antibodies to proteins apparently unique to these cells, the hypothesis will be tested that dysfunction of these cells can be detected by reduced concentrations of these antigens, and the researchers will attempt to determine if they are present in detectable amounts in blood and spinal fluid, and whether or not there are quantitative or qualitative abnormalities that can be used as aids to the differential diagnosis of Alzheimer's disease.

Grant No./Prof/Suf: 1 RO1 MH43506-01A1.
Institution: Univ. of Cincinnati.
Project Director: Gary Dean.
Year of Support: 1 of 3 approved yrs.
Fiscal year 1988: $111,966.
Project Title: Alzheimer's Disease Clinical Etiology: PHF CDNA Cloning.

Project Description: The aim of these studies is to identify the primary etiology of Alzheimer's disease (AD) by utilizing recombinant DNA technology to study one of the primary neuropathologic features defining this disorder. Characteristic of all patients with AD is the presence of paired helical filaments (PHF) in neurofibrillary tangles in specific regions of the brain; a good correlation exists between PHF density and the severity of Alzheimer-clinical presentation. Successful completion of the proposed research will result in the unambiguous delineation of the primary structures of PHF proteins, their possible identification with known proteins, and the acquisition of mono-specific antisera for each of the proteins.

Grant No./Pref/Suf: 1 RO1-MH43965-11.
Institution: NYU School of Med.
Project Director: Mony DeLeon.
Year of support: 1 of 3 approved yrs.
Fiscal year 1988: $322,625.
Project Title: Clinical Correlates of Longitudinal PET Changes in Alzheimer's Disease.

Project Description: This is a proposal for a 5 year PET-MRI longitudinal study of 65 AD and 60 control subjects; half of each group will have MRI evidence of periventricular CT/MRI white matter lesions (PWML). Using repeated-measures multivariate analyses of variance and correlation procedures, the researchers intend to investigate longitudinal changes in regional metabolic rates and their association with clinical deterioration and white matter disease. They hypothesize that the controls with white matter changes are at risk for clinical deterioration, particularly motoric dysfunctions. They hypothesize that AD patients with PWML are at greater risk for cognitive/motor deterioration.

It is hoped that this study will increase understanding of the relationships between glucose metabolism changes, white matter lesions and clinical course in both normal and AD groups.

Grant No./Pref/Suf: RO1-MH3242-31.
Institution: Univ of Minnesota.
Project Director: Leonard Heston.
Year of Support: 1 of 3 approved yrs.
Fiscal year 1988: $150,781.
Project Title: Family Studies in Dementia

Project Description: The object of this proposal is to locate and then characterize DNA sequences associated with Alzheimer's Disease (AD) or Pick's Disease (PD) or both. Six families, five at high risk for AD and one for PD, have been followed for ten to twelve years as part of a clinical genetic study of dementing illness, and they will be the basis for this study. An additional four high risk families, will be further investigated and included in this study. The investigators will establish lymphoblastic cell lines on all living relatives and then search for linkage between DNA fragments and known markers first on chromosome 21 and then at other locations depending on progress and developments in the related sciences.

Grant No./Pref/Suf: 1 R37 MH43693-01.

Institution: Univ of CA-San Diego.

Project Director: Dilip Jeste.

Year of Support: 1 of 5 approved yrs.

Fiscal year 1988: $197,061.

Project Description: This is a study of schizophrenia with onset after age 45. The researchers postulate that this illness in this age group is a heterogeneous entity with different subtypes, some of which may be identifiable with certain clinical, neuropsychological and brain morphological evaluations, and may be associated with differences in neuroleptic response. This study will be of 90 DSM-III-R late-onset schizophrenics over a period of 5 years. MRI scans will be performed and there will be normal controls. Neuroleptic response will be evaluated in terms of therapeutic benefit (comparing "drug-free" psychopathology ratings with those after 6 weeks of haloperidol), and risk of tardive dyskinesia. On the basis of literature review, the researchers predict that one subset of patients diagnosed as having late-onset schizophrenia will have significant therapeutic response to neuroleptics with greater risk of tardive dyskinesia. A small proportion of such patients will be found to have a diagnosable dementing disorder that initially presented with a schizophrenia-like clinical picture. Another subset of patients will be similar on various measures to age-matched normal controls. It is hoped that the findings from this research will help improve the understanding of the diagnosis, neurobiolgical subtyping and neuroleptic treatment of late-onset schizophrenia.

Grant No./Pref/Suf: 5 RO1 MH42096-02.

Institution: Ohio State Univ. Research Foundation.

Project Director: Janet Kiecolt-Glaser.

Year of Support: 2 of 3 approved yrs.

Fiscal year 1988. $240,910.

Project Title: Caregivers of AD Victims: Stress & Mental Health.

Project Description: This is a study of the mental and physical health consequences of caregiving for AD victims. Psychological data, blood samples for immunological and nutritional analyses, and health status information will be obtained. The results will be compared with that from subjects who do not have responsibility for an impaired family member. Analyses of caregiver data will be used to identify the best predictors of psychological and immunological functioning in caregivers. The results of these analyses will provide the basis for constructing causal models to specify key mediators of caregivers' emotional and physical health. A better understanding of these key mediators is essential for both the idenification of at-risk caregivers, and for the design of effective intervention programs.

Grant No./Pref./Suf: 5 RO1 MH41648-02.

Institution: Long Island Jewish Med Ctr.

Project Director: Youngjai Kim.

Year of Support: 2 of 3 approved yrs.

Fiscal year 1988: $147,123

Project Title: Senile Dementia and Brain Atrophy: A Longitudinal Study.

Project Description: This study concerns one of the puzzling issues observed in AD, the poor correlation between dementia and brain atrophy seen on CT scan. There are many false positives (no dementia with CT atrophy) and false negatives (dementia and no CT atrophy). CT scans are frequently performed on elderly individuals with suspected dementia as a procedure to rule out other conditions which might cause dementia, such as mass lesions or infractions. The study postulates that predictive information for the course of dementia might be buried in these incongruant CT and-dementia configuratons. The rate of deterioration over time might be slower for the false negatives relative to the true positives (dementia and atrophy). The false positives, on the other hand, might deteriorate at a faster rate than the true negatives (no dementia and no atrophy). Four groups of subjects (true positives, false negatives, false positives, and true negatives) will be followed in a prospective, repeated measures paradigm. MRI. CT, and comprehensive neuropsychological evaluations will be administered at baselines and repeated 18 months later.

Grant No./Pref./Suf: 5 RO1 MH40705-03.
Institution: UCLA.
Project Director: Andrew Leuchter.
Year of Support: 3 of 3 approved yrs.
Fiscal year 1988: $54,618.
Project Title: Mental Illness in the Elderly: Diagnostic Testing.

Project Description: This project proposes to develop computer-analyzed electroencephalography (CEEG) as a clinical test that will aid in the accurate diagnosis of dementia. The five-step research plan is, (1) 90 geriatric subjects will be divided equally among three groups: those with Alzheimer-type dementia, multi-infarct dementia, and non-demented normals. Neuropsychological testing and evaluations will be done as well as lab tests, (2) EEGs will be performed after administration of secobarbital, (3) spectra and coherence functions will be calculated for multiple EEG channels from each subject, (4) subjects will be followed to autopsy where neuropathologic diagnoses will be established, (5) multi-group, stepwise discriminate analysis will be performed under a "training/testing" paradigm. Using the spectra and coherence variables from ½ of the subjects in each category, sets of parameters will be selected which correlate most strongly with both clinical and autopsy diagnoses (training portion). The discriminant functions developed from this first analysis will then be used to categorize prospectively the other half of the subjects into both their clinical and autopsy diagnostic categories (testing portion). The results of this discriminant analysis will be analyzed to determine the sensitivity and specificity of CEEG as a diagnostic tool for dementia.

Grant No./Pref./Suf: 5 RO1 MH41930-02.
Institution: University of Pittsburgh.
Project Director: Robert Marin.
Year of Support: 2 of 3 approved yrs.
Fiscal year 1988: $96,456.
Project Title: Apathy in Late Life Mental Disorders.

Project Description: The overall objective of this project is to document and explore the heuristic value of the concept of apathy for the clinical management and investigation of late life mental disorders. Specific aims are: (1) develop an Apathy Evaluation Scale (AES) having predictive, discriminative and construct validity, and (2) use the AES to experimentally identify behavioral measure(s) of apathy. Alzheimer's disease and right hemisphere stroke are the target groups. The thesis is that apathy designates a behavioral state, distinguishable from other behavioral states, such as depression and anxiety, and defined as a deficit in goal-related (overt) behavior, goal-related cognitions and affective concomitants of goal-related behavior. Part I of the project evaluates psychometric properties of the AES and part II evaluates the predictive and construct validity of the AES.

Grant No./Pref./Suf: 5 RO1 MH41628-03.
Institution: Western Psychiatric Instit.
Project Director: Michael McCue.
Year of Support: 3 of 3 approved yrs.
Fiscal year 1988: $136,992.
Project Title: Neuropsychological Predictors of ADL in the Elderly.

Project Description: This research will determine whether neuropsychological assessment of a patient during hospitalization can predict specific functional skills assessed following discharge. Subjects will be diagnosed as either probable Alzheimer's dementia, depression, or as having mixed features of dementia and depression. While in the inpatient unit, subjects will undergo a comprehensive research neuropsychological assessment battery assembled to predict to several activities of daily living (ADL) related areas including organizational aspects of self-care, instrumental behavior, communicative skills, practical memory, management of personal affairs, and ambulation and transportation. Following discharge, patients will be given an extensive performance test of ADL functions involving direct behavioral observation of functional capacities. Statistical procedures will determine the extent to which the neuropsychological procedures accurately predict a number of functional ADL dimensions. In the event that these commonly employed diagnostic procedures can predict outcome, they may become highly useful prognostic instruments that may find a significant place in post-discharge planning with the cognitively impaired elderly.

Grant No./Pref/Suf: 1 R03 MH44031-01.
Institution: Research Foundation Mental Hygiene, Inc.
Project Director: Pankaj Mehta.
Year of Support: 1 of 1 approved yrs.
Fiscal year 1988: $40,120.

Project Title: Amyloid Peptides in CSF of Alzheimer's Disease.

Project Description: This is a small grant attempting to quantitate the level of synthetic peptides in CSF from patients with AD, using specific antisera to the peptides and a sensitive enzyme linked immunosorbent assay. This may be a useful marker in the diagnosis of the disease. There are two types of abnormal fibers in brains from patients with AD: paired helical filaments making the neurofibrillary thagles and amyloid fibers in plaques and vessels. In addition to being a diagnostic marker, detecting higher levels could also be a means of monitoring the disease activity.

Grant No./Pref/Suf: 1 R29 MH43856-01.

Institution: Cornell Univ.

Project Director: Barnett Meyers.

Year of Support: 1 of 4 approved yrs.

Fiscal year 1988: $98,556.

Project Title: Geriatric Major Depression & Delusions.

Project Description: In this study, hospitalized geriatric unipolar major depressives will be separated into three clinical groups based upon presence and type of delusions: Mood-congruent delusional depressives; mood-incongruent delusional depressives; and depressives without delusions. 25 subjects in each group and 25 controls will be compared for: pretreatment plasma cortisols and resistance to dexamethazone suppression; dopamine beta hydroxylase activity; and family risk for unipolar depression vs. schizophrenia. Recovered subjects will be assessed for dopaminergic responses to dexamethasone. Reports suggesting that disturbances of hypothalmic-pituitary-adrenocortical functioning are exaggerated in elderly depressives, and that dopamiine beta hydroxylase may decrease as a function of age are applied in the design; elderly unipolar depressives are studied to test the theory that hypercortisolemia resulting from the depressed state interacts with a trait for an excessive dopaminergic response to steroid stimulation in the pathogenesis of mood-congruent delusional depression.

Grant No./Pref/Suf: 5 R01 MH39145-05.

Institution: Univ. of S. CA.

Project Director: Carol Miller.

Year of Support: 5 of 5 approved yrs.

Fiscal year 1988: $105,436.

Project Title: Mental Illness in Alzheimer's Disease of the Aged.

Project Description: This study will examine a population of AD patients and age-matched controls for longitudinal patterns of mental function. After death, postmortem brain tissues of both groups will be examined for specific features revealed using a panel of monoclonal antibodies which were developed to Drosophila nervous tissue, but which recognize human CNS tissues, by neurotransmitter enzyme and receptor assays. Cellular and molecular findings will be correlated with mental function and clinical measures. The PI's hypothesis is that a defined spectrum of molecular changes will be detectable in AD target tissue and that the sites and degree of AD may be related to specific changes in cognition and behavior during the clinical course of the patients. It is also hypothesized that the monoclonal antibody method will reveal molecular subsets of AD which correspond to discrete clinical characteristics of the patient's symptoms.

Grant No./Pref/Suf: 1 R01 MH43435-01.

Institution: Univ. of Georgia Psch.Foundation.

Project Director: Leonard Poon.

Year of Support: 1 of 4 approved yrs.

Fiscal year 1988: $210,586.

Project Title: Adaptation & Mental Health of the Oldest-Old.

Project Description: This research will examine the processes involved in the successful adaptation of cognitively intact, community-dwelling octagenerians and centenarians. The major interest in the *nature* of the mental health, coping, adaptational skills, and environmental support that are necessary to survive successfully in the different stages of late adulthood. The research will concentrate on life satisfaction and the adaptational processes (adaptational and coping skills, beliefs, manipulation of the environment, etc.) that can bring life satisfaction. Four hypothetical models will be designed within a defined general model of factors contributing to life satisfaction, adaptation, and health of the oldest-old. The first hypothetical model relates a number of adaptational or survival skills that are present in these unique elderly individuals and their influences on mental health and life satisfaction. The second describes the patterns of physical and mental health among cognitively intact 60, 80, and 100 year olds and the influence of health on life satisfaction, cognitive skills, and the level of environmental support. The third hypothetical model relates the patterns of activities, time use, and environmental support as indicators of life satisfaction and mental health. The fourth hypothetical model links individual characteristics as predictors of life satisfaction and mental and physical health.

Grant No./Pref/Suf: 2 R 37 MH33688-09.
Institution: Univ. of Wash.
Project Director: Patricia Prinz.
Year of Support: 1 of 5 approved yrs.
Fiscal year 1988: $272,889.
Project Title: Biomarkers for Early Expression of Alzheimer's Disease.

Project Description: The current (type 1) study of Alzheimer's Disease (AD) demonstrated that a number of biological variables (sleep, EEG frequency, EEG spectral energy and motor slowing) can correctly discriminate 85-90% of AD patients from Control and Depressed subjects. These AD patients were in the early stages of the disease process, indicating that selected biological measures may serve as biomarkers for early expression of AD. This study proposes to test the ability of biomarkers to predict for AD-like decline in a sample of 300 individuals "at risk" for AD. During the initial study period the researchers plan to collect both dependent (clinical, cognitive and function) and independent (biomarker) variables. After 30 months, subjects will be recalled and followup dependent measures will again be collected. The goal of the study is to develop AD biomarkers useful in achieving an earlier and more accurate diagnosis of AD. The researchers will also bank leukocytes and plasma from their study sample for future analyses of genetic and plasma profiles consistent with AD. This will allow them to ask questions about the relationship between genetic predisposition and early expression of AD in future studies.

Grant No./Pref/Suf: 5 R01 MH40843-02.
Institution: Johns Hopkins Univ.
Project Director: Peter V. Rabins.
Year of Support: 2 of 3 approved yrs.
Fiscal year 1988: $132,968.
Project Title: Structural Brain Changes in Late Life Mental Disorder.

Project Description: This project will use a newly developed CT head scan image process analysis technique to study structural correlates of late life major depression and dementia. It will identify 35 subjects aged 60 and older in each of the following groups over a 2 year period; major depression/normal cognition; major depression/abnormal cognition ("pseudo-dementia"); primary degenerative dementia (senile dementia of the Alzheimer type); age matched normals. Cognitive test performance data will be obtained in all patients. Patients will be re-examined one and two years later. Data on recovery status, further episodes, CT changes and cognitive performance will be collected. Data will be analyzed to determine if functionally ill psychiatric patients have brain CT attenuation values in the normal or abnormal ("demented") range and if CT attenuatic values and performance on neuropsychological testing at the initial exam predict treatment response and condition at follow-up. The study will also examine relationships between CT attenuation numbers and measures of cognitive function and examine the hypothesis that patients with the greater declines in CT attenuation values will have a poorer prognosis regardless of diagnosis.

Grant No./Pref/Suf: 5 R01 MH37869-06.
Institution: Western Psych. Instit.
Project Director: Charles Reynolds.
Year of Support: 6 of 7 approved yrs.
Fiscal year 1988: $241,512.
Project Title: EEG Sleep, Aging, and Mental Illness.

Project Description: This is a study of the development of objective indicators of diagnosis, treatment response, and prognosis, based on measures of nocturnal EEG sleep parameters in healthy elderly controls, major depressives, Alzheimer's patients, and mixed symptom patients. Focus will be on the impact of limited total sleep deprivation, REM sleep deprivation, and arecoline REM. The goal will be achieved by comparing baseline sleep measures among mixed-symptom patients who are responders, partial responders, or non-responders to adequate antidepressant therapy. Patients and controls will be followed to ascertain the presence or absence of dementia of the Alzheimer type. The experimental hypothesis is that patients with reversible dementia of depression will show sleep and other psychobiologic measures similar to those of depressives without cognitive impairment, while other mixed-symptom patients with early Alzheimer's disease and symptoms of depression will show sleep and psychobiologic measures more similar to those of Alzheimer patients studied to date. This hypothesis will be tested both under unchallenged conditions and with either naturalistic or pharmacologic probes.

Grant No./Pref/Suf: 5 R01 MH36801-05.
Institution: UC-Berkeley.
Project Director: Thornton Sargent.
Year of Support: 2 of 3 approved yrs.
Fiscal year 1988: $207,008.
Project Title: Pet Brain Blood Flow & Metabolism in Alzheimer's Disease.

Project Description: The aim of this proposal is to study regional cerebral blood flow (rCBF) in Alzheimer's demential (AD), and to relate rCBF to regional cerebral metabolic rate for glucose (rCMR) with position emission tomography (PET). Under the previous grant a generator was built which provides position-emitting iodine-122 used for PET rCBF studies. A new iodinated I-122 amphetamine (IDNNA) was developed and it is an extracted rCBF tracer. The investigators have found marked parietal-temporal deficits of rCMR in AD using fluorine-18 fluorodeoxyglucose (FDG). This study proposed to study rCBF and rCMR in patients with these disorders, and to determine whether these two functions are coupled in the affected brain areas. If they are coupled, the previously observed rCMR changes can also be measured using the much faster and simpler I-122 IDNNA rCBF tracer. If they are not coupled, that will provide important data on the neurophysiology of AD. By studying Alzheimer patients at varying stages of the disease, the investigators will test the hypothesis derived from work of others that the parieto-temporal hypomatabolism may be caused by a cholinergically mediated deficit in rCMF.

Grant No./Pref/Suf: 5 R01 MH41887-03.
Institution: Western Psych. Instit.
Project Director: Richard Schulz.
Year of Support: 3 of 3 approved yrs.
Fiscal year 1988: $162,096.
Project Title: Physical Illness and Depression in the Elderly.

Project Description: The purpose of this study is to investigate and clarify the relationship between physical illness and depression among the elderly. Although there exists strong support for the conclusion that depressive disorders are closely related to physical illness, none of the existing studies answer important questions about the mediating mechanisms which may account for this relationship. Two general types of explanations have been suggested to explain the co-occurrence of depression and physical illness: the biological factors explanation argues that symptoms of depression are a direct consequence of illness or a side effect of medication; the psychosocial stress factor explanation emphasizes the occurrence and personal significance of the stress associated with being physically ill. To test the relative importance of these factors, a prospective study is proposed in which 300 geriatric outpatients will be assessed at six month intervals over a period of 18 months. All patients will undergo detailed medical evaluations and complete a psychosocial survey designed to assess individual and disease characteristics that may play a role in the relationship between physical illness and depression.

Grant No./Pref/Suf: 5 R01 MH42316-02.
Institution: Stanford Univ.
Project Director: Jared Tinklenberg.
Year of Support: 2 of 3 approved yrs.
Fiscal year 1988: $104,672.
Project Title: Cognitive Functioning in Early Alzheimer's Disease.

Project Description: The two long-term objectives of this research program are to improve methods for the early diagnosis of probable Alzheimer's disease and to develop assessment procedures that permit quantification of disease severity, especially in the early stages. The proposal has two components: the first involves the longitudinal study of cognitive functioning in unimpaired elderly individuals with subjective memory decline; the second is a study of automatic and intentional informational processing in Alzheimer's disease. This study hopes to answer important questions regarding differential diagnosis of early Alzheimer's disease and incidental versus effortful information processing in patients with this disease.

The specific aims are to 1) develop more accurate and condensed diagnostic procedures for detecting dementia in its earliest stages, 2) the second aim is to develop a comprehensive and quantitative profile of mild memory loss in old age, referred to as "benign senescent forgetfulness"; and 3) the third aim is to obtain longitudinal comparison data against which the rate and pattern of congnitive decline in Alzheimer patients can be gauged.

Grant No./Pref/Suf: 5 R37 MH42248-02.
Institution: Dartmouth College.

Project Director: George Vaillant.

Year of Support: 2 of 5 approved yrs.

Fiscal year 1988: $~~123,527.~~

Project Title: Life Course, Mental Health & Later Development.

Project Description: This study of adult development proposes to follow the physical and mental health of roughly 600 men from adolescence (1940) until late middle life, age 58 to 70 years (1990). The purpose is to follow two large cohorts of men prospectively until retirement and until a significant amount of chronic illness occurs. The general questions asked will be: How much of the morbidity of aging observed between age 60 and 70 can be accounted for by antecedent variables? How much of the explained variance can be attributed to psychosocial rather than to biological variables? Specifically, what familial, childhood, and early adult psychological variables predict physical morbidity, early retirement and psychopathology of late midlife; what is the natural history of marital and occupational careers over the male lifespan and how do these careers affect late-life psychopathology and deterioration of physical health; by what mediating processes have some men, whose mental health when young was poor, become competent 60 year olds and some well adjusted when young, become psychosocially impaired at 65?

Grant No./Pref/Suf: 1 RO1 MH43390-01.

Institution: San Diego State.

Project Director: Ray Valle.

Year of Support: 1 of 2 approved yrs.

Fiscal year 1988: $211,223.

Project Title: Hispanic Elderly Cognitive Screen Validation Study.

Project Description: This is a two year study to validate the Spanish language version of two commonly used cognitive screens: the Folstein Mini Mental Status Exam (MMSE) and the (Blessed (et al. 1968) Mental Status Exam (BMSE), with Spanish Speaking (SS) Mexican heritage Hispanic (MhH) elderly age sixty plus. In their combined format they will be identified as the Mental Status Assessment Battery (MSAB) throughout the grant. The Spanish language MSAB will undergo rigorous translation/back translation procedures and pretested with 20 MhH SS/MhH age 60 plus subjects prior to going into the field. The project has 3 distinct phases: 1) locating of 50 MhH and 50 Anglo suspected Alzheimer's disease/demented individuals and then do cognitive screening using the MSAB. Phase II will encompass the criterion assessment of these 100 subjects using a neurological exam and a neuropsychiatric exam. Phase III will entail the assessment of 100 normal Hispanic elderly age 60+ using the Spanish language MSAB and 100 Euro/Anglo normals with the English MSAB. This project is seen as addressing an urgent need for the development of culture free/fair cognitive assessment instrumentation for use with this growing ethnic minority elderly population group.

Grant No./Pref/Suf: 1 RO1 MH42522-01A2.

Institution: Cornell Univ. Medical College.

Project Director: Robert C. Young.

Year of Support: 1 of 3 approved yrs.

Fiscal year 1988: $83,494.

Project Title: Geriatric Mania.

Project Description: This five-year project will study the clinical presentation, outcomes, and predictoers of outcomes in elderly patients with bipolar disorder, manic phase. The hypothesis is that patients with older age at index episode differ from patients with younger age at index episode, and older patients with first occurrence of mania in late life (LLX) differ from older patients with first occurrence of mania in early life (old-ELX) in having: contrasting clinical presentations; poorer outcomes—including poorer acute response to lithium treatment, more relapses, more persistent cognitive dysfunction and dementia, and more medical morbidity and mortality; and different predictors of specific outcomes.

Grant No./Pref/Suf: 1 RO1 MH43261-01.

Institution: Univ. of Pittsburgh.

Project Director: George Zubenko.

Year of Support: 1 of 5 approved yrs.

Fiscal year 1988: $224,591.

Project Title: Biological Marker for Primary Dementia in the Elderly.

Project Description: This proposal describes an interrelated series of clinical and preclinical investigations of a biological marker, membrane fluidity, in the study of primary degenerative dementia. Alzheimer's disease seems to possibly represent a group of illnesses with different etiologies, but with overlapping pathophysiologies that result in a similar final outcome from a clinical perspective. Platelet membrane fluidity may be the first biological marker to identify a clinically distinct subgroup of demented patients. Initial family studies suggest that this subgroup includes familial form(s) of Alzheimer's disease and that increased platelet membrane fluidity may antedate the onset of clinical symptoms. If confirmed, this biological marker would substantially advance genetic and environmental studies of Alzheimer's disease that are now hampered by the inability to identify affected individuals, or individuals at risk, in the absence of symptoms of dementia.

Grant No./Pref/Suf: 5 RO1 MH42216-02.

Institution: New York University.

Project Director: Steven Ferris.

Year of Support: 2 of 4 approved yrs.

Fiscal year 1988: $218,138.

Project Title: AD Caregiver Well-Being, Counseling & Institutionalization.

Project Description: Alzheimer's disease (AD), an irreversible neurodegenerative condition, is the most common cause of severe intellectual deterioration in the elderly. This study proposes to test the hypothesis that caregiver well-being can be improved through various support measures, and that this will decrease the incidence of institutionalization of AD patients. The primary goal of this study is to evaluate the effectiveness of a multicomponent treatment approach whose goal is to optimize the condition of the caregiver, with a secondary objective to assess the effectiveness of this intervention in preventing or postponing institutionalization. The specific aims are: 1) to complete the counseling program with 100 randomly selected spouse caregivers of AD patients. A parallel control group of 100 caregivers will also complete the study; 2) to administer a caregiver assessment battery to the treatment and control group at baseline, afte 3, 6, and 12 months and every 6 months thereafter. It will include assessment of patient functional status and caregiver burden, mental and physical health, social network and financial difficulties; 3) to evaluate the effectiveness of counseling for improving caregiver well-being, to determine the longitudinal outcome of variables other than treatment, and to assess the influence of treatment and other caregiver variables on ultimate institutionalization. If the results confirm the hypothesis about the utility of treatment, this project will provide an effective model intervention program for assisting and enhancing the well-being of caregivers.

Grant No./Pref/Suf: 5 RO1 MH40410-03.

Institution: NYU.

Project Director: Charles Flicker.

Year of Support: 3 of 3 approved yrs.

Fiscal year 1988: $188,407.

Project Title: Assessment of Cognitive Function in Aging and Dementia.

Project Description: The objective of this study is to develop a new set of psychometric tests for the assessment of drug effects upon the cognitive impairment associated with senile dementia of the Alzheimer type (SDAT) and other cognitive dysfunctions of the elderly. Due to the increasing size of the elderly population in the U.S., the incidence of age-related cognitive disorders is rising rapidly, creating a significant health care problem. Efforts to develop effective pharmacological treatments for SDAT and other cognitive dysfunctions of the elderly have been hampered by the lack of adequate assessment instruments for the evaluation of the clinical therapeutic potential of new drug candidates. The proposed assessment battery is designed to improve upon currently available tests of cognitive function in the aged and demented in at least two important areas. A key feature will be face validity, relevance to the cognitive demands, situational variables, and environmental stimuli encountered by the subjects in everyday life. A second test criterion is comparability to the behavioral tests used to evaluate cognition-enhancing drugs in animals. Comparability to animal memory tests will facilitate the transition from preclinical to clinical assessment of potential pharmacological treatments. The assessment battery will be compared to currently available psychological, clinical, and neurophysiological measures and will be evaluated for its repeatability, difficulty range, sensitivity to severity of dementia, longitudinal sensitivity, and pharmacological sensitivity.

Grant No./Pref/Suf: 5 RO1 MH41243-03.

Institution: NYU.

Project Director: Jeffrey Foster.

Year of Support: 3 of 3 approved yrs.

Fiscal year 1988: $151,676.

Project Title: Course of Affective Illness in Long-Term Care Facilities.

Project Description: This project is to study factors associated with the onset and course of depression occurring after admission to a long-term care facility. For those patients who become significantly depressed, an antidepressant drug protocol is included. Variables that would permit intervention if they are found to relate to the onset of depression are: 1) baseline demographic factors; 2) baseline and follow-up psychologic variables; 3) baseline and follow-up physical health status; 4) baseline and follow-up biologic parameters; 5) institutional factors.

The objectives of the study are to define the relevance of these factors to depression; to develop "risk profiles" for subsequent patients as to the development of depression; and to enhance our knowledge of antidepressant drug usage in this population.

Grant No./Pref/Suf: 5 RO1 MH35196-07.
Institution: NYU
Project Director: Anastasio Georgotas.
Year of Support: 7 of 8 approved yrs.
Fiscal year 1988: $257,411.
Project Title: MAOI vs. TCA in the Treatment of Geriatric Depression.

Project Description: Depression in the elderly is associated with poor prognosis and the potential role of maintenance antidepressant therapy in the elderly has not been investigated extensively. Initial investigations have indicated that both major antidepressants, Nortriptyline and phenelzine, are signficiantly superior to placebo for successful treatment of geriatric depressions. Specifically, the objectives are to 1) Further assess the validity of the preliminary findings on the comparative efficacy and safety of phenelzine (PE) and notriptyline (NT), by extending sample size, 2) Investigate the comparative efficicacy and safety of NT vs. PE vs. placebo for successful maintenance in acute phase responders to NT or PE, 3) Determine prognostic factors associated with optimal anti-depressant efficacy and safety or preferential reponse to either drug during the acute phase, or optimal maintenance during the follow-up phase.

Grant No./Pref/Suf: 5 RO1 MH41489-03.
Institution: Medical College of PA.
Project Director: Ira Katz.
Year of Support: 3 of 4 approved yrs.
Fiscal year 1988: $105,544.
Project Title: Drug Treatment of Depression in the Institutional Aged.

Project Description: This study will investigate the significance of affective and neurovegetative symptoms and will evaluate the risks versus the benefits of the use of tricyclic antidepressants in frail elderly patients living within an institutional setting. Patients with depression and coexisting chronic medical or neurological disease will be included. The research will consist of a double-blind, placebo-controlled study of the safety and efficicacy of the antidepresseant nortriptyline in patients with symptoms consistent with a diagnosis of DSM III Major Depression. One goal of these studies is validation of the diagnosis of Major Depression among the frail aged. Another goal is to provide data that will allow optimal use of antidepressant medication in the institutional elderly and other similar patients in the community. The focus of this research will be on identifying those patient characteristics that predict both therapeutic response and adverse reactions during drug treatment. The study will evaluate the value of detailed monitoring of the response to a test dose of nortriptyline for predicting dosing requirements and for identifying patients at high risk for serious adverse drug effects.

Grant No./Pref/Suf: 1 RO3 MH44338-01.
Institution: VA Commonwealth Univ.
Project Director: Charles Morin.
Year of Support: 1 of 1 approved yrs.
Fiscal year 1988: $37,431.
Project Title: Cognitive-Behavior Treatment of Geriatric Insomnia.

Project Description: The proposed study is intended to evaluate the clinical efficacy of a cognitive-behavioral intervention against a wait-list control condition for treating geriatric insomnia. Thirty (30) older adults, aged 60 or older, and meeting ASDC (Association of Sleep Discrders Centers) criteria for disorder of maintaining sleep will be be selected from the community. Subjects will be randomly assigned to either the treatment (n=15) or wait-list control (n=15) conditions. Those in the experimental group will receive 6 weekly 90-min. group threapy sessions. Treatment outcome will be evaluated across measures of sleep/wake parameters, daytime sleepiness, and mood. The main dependent measures will consist of the number and duration of nocturnal awakenings as measured by polysomnographic evaluation and daily sleep diaries.

Grant No./Pref/Suf: 5 RO1 MH34223-10.
Institution: Tufts Univ.
Project Director: Richard Shader.

Year of Support: 10 of 10 approved yrs.

Fiscal year 1988: $466,827.

Project Title: Applications of Pharmacokinetics in Clinical Psychiatry.

Project Description: This is a study to evaluate the alterations in sensitivity and response to centrally acting drugs in the elderly population, and the relation of these changes to altered patterns of drug disposition and clearance. Model drugs are chosen that are representative of drug classes widely prescribed for the elderly whose potentially therepeutic and/or adverse central effects occur by different mechanisms. These drugs are: the benzodiazepine triazolam, the antidepressants imipramine and trazodone, the antihistamine doxylamine, and the beta-adrenergic antagonist propranolol. In experimental studies, young and aging rats are administered ascending doses of each of these drugs. In human studies, healthy young and elderly volunteers will receive single oral dose, at two dosage levels, of the model compounds in placebo controlled kinetic and dynamic studies.

Grant No./Pref/Suf: 5 RO1 MH35230-07.

Institution: Mt. Zion Hospital.

Project Director: George Silberschass.

Year of Support: 7 of 7 approved yrs.

Fiscal year 1988: $109,457.

Project Title: Process and Outcome of Psychotherapy with Older Adults.

Project Description: This project continues a series of studies on brief dynamic psychotherapy with an older adult population. The primary goal of the proposed research is to determine how therapist interpretations facilitate or hinder the process and outcome of psychotherapy. The hypothesis is that accurate interpretations correlate with immediate (in-session progress) as well as with therapy outcome. To study the effect of interpretations on the process of therapy (Process Study), all therapist interpretations in each case will be identified and rated on a therapist accuracy scale. To study the effect on interpretations on therapy outcome (Outcome Study), the accuracy ratings will be averaged for each therapy session and correlated with treatment outcome. Finally, the case-specific measure of accuracy will be compared with several other process-outcome measures (Comparative Study).

Grant No./Pref/Suf: 1 R29 MH4366-01A1.

Institution: Univ. of Wash.

Project Director: Linda Teri.

Year of Support: 1 of 4 approved yrs.

Fiscal year 1988: $115,196.

Project Title: Treatment of Depression in Alzheimer's Patients.

Project Description: This study will provide a controlled trial of behavioral treatment of depression in DAT. It intends to train caregivers in skills to alleviate the patient's depression.

1. Are either active treatments effective in alleviating patient depression?
2. Are either more effective than a waiting-list control? Is one active treatment more effective than the other?
3. Is any one active treatment able to establish and maintain post-treatment gains at 6 and 12 months followup? Is one treatment more effective than the other?
4. Is improvement in patient depression associated with patient or caregiver veriables, such as patient's prior psychiatric history and cognitive and functional status, and caregiver's depression, burden and marital satisfaction? The 3 treatment conditions are: 1) behavioral intervention to train caregivers in skills to alleviate patient depression, 2) treatment-as-usual attention/support treatment, and 3) waiting-list control.

Grant No./Pref/Suf: 5 RO1 MH37196-37.

Institution: VA-Palo Alro, CA.

Project Director: Larry Thompson.

Year of Support: 7 of 8 approved yrs.

Fiscal year 1988: $183,099.

Project Title: Pharmaco-versus Psychotherapy for Late Life Depression.

Project Description: This is a study designed to compare the effectiveness of pharmacotherapy, psychotherapy and the two combined in the treatment of depression in elderly outpatients. Participants will include 100 community volunteers who are in a clinical episode of definite major depressive disorder or probable major depressive disorder over the age of 60. Participants will be randomly assigned to cognitive behavioral therapy plus drugs. The treatment will continue for 4 months on a once a week basis. At the conclusion of therapy, individuals who are no longer depressed will be assigned to one of two maintenance conditions within the respective treatment modality. Failures in the Cognitive/Behavioral condition will continue to receive psychotherapy; in the drug treatment, psychotherapy will be added; and in the combined condition treatment failures will continue to receive both. Preliminary results suggest that psychosocial treatments have about the same general effectiveness that one would expect from drug treatment in patients for whom physical health makes antidepresant treatment feasible. This makes a direct test of the relative (and additive) effectiveness of drug and psychosocial treatment of great interest. Particularly valuable will be the evaluation on various maintenance strategies as well as efforts to identify more suitable or more extended therapies for treatment failures.

Grant No./Pref/Suf: 5 RO1 MH35182-05.
Institution: Stanford Univ.
Project Director: Jerome Yesavage.
Year of Support: 2 of 3 approved yrs.
Fiscal year 1988: $160,462.
Project Title: Memory and Mental Health in Aging.

Project Description: Prior studies in the elderly have shown limited results for programs of cognitive training using image association mnemonics techniques. In attempting to improve results, the investigators have found that three types of preliminary training enhanced learning of mnemonics and produced overall results showing improvements of 75-110% from baseline in the criterion measures (face/name recall). There was substantial variability of individual response to treatment. The following new hypotheses will be tested in this proposed research: 1) subjects who improve most from verbal elaboration of visual image association mnemonics will have high scores on measures of verbal intelligence and low scores on state anxiety measures, 2) subjects who improve most from training in relaxation for performance anxiety prior to learning mnemonics will have low scores on measures of verbal intelligence and high scores on measures of state anxiety. Since no prior studies have examined personality factors as predictors of response to training, an additional hypothesis will be tested: 3) The NEO Personality Inventory (NEO-PI) and the Personality in Intellectual-Aging Contexts (PIC) will provide additional personality attributes not considered in Hypotheses 1-2 which reflect performance outcome. A final hypothesis will be tested relative to the potential benefit of combining two of the most effective treatments: 4) Participants will improve more with training combining two of the most effective treatments (mnemonic training plus pretraining in verbal elaboration of associations and pretraining in relaxation for performance anxiety), than participants receiving either treatment alone.

Grant No./Pref/Suf: 1 RO1 MH40726-01A2.
Institution: Cornell Univ.
Project Director: Robert Young.
Year of Support: 1 of 3 approved yrs.
Fiscal year 1988: $89,403.
Project Title: Response to Nortriptyline in Elderly Depressives.

Project Description: This three-year project will compare the efficacy and toxicity of nortriptyline (NT) to plasma concentrations of NT and of its major metabolite 10-nydroxynortriptyline (10-OH-NT) in geriatric major depression. The hypotheses are that 1) plasma 10-OH-NT and 10-OH-NT/NT ratio will be strongly correlated with depressive symptom change, and that this relationship will be negative over moderate concentrations of NT; 2) that plasma NT will be less strongly related to antidepressant response; 3) that plasma concentrations will be related linearly to toxicity; 4) that plasma 10-OH-NT will account for interindividual differences in toxicity not explained by plasma NT alone. This study will provide critically needed data for geriatric clinical practice, and will have relevance to treatment of younger adults as well. These data will also have theoretical value for consideration of mechanisms of antidepressant effects and of age-related changes in pharmacodynamics.

Grant No./Pref/Suf: 5 RO1 MH41840-02.
Institution: Harvard Medical School.
Project Director: Jerome Avorn.
Year of Support: 2 of 2 approved yrs.
Fiscal year 1988: $126,504.
Project Title: Staff Expectation as a Mediator of Functional Status.

Project Description: This study is designed to shed light on how interpersonal expectancy effects occur between health care workers and elderly residents of nursing homes, a group in whom such effects may well have important clinical significance. Considerable research suggests that the expectations that individuals have about one another can cause objective changes in performance and behavior that act to "fulfill" those expectations. This study is a randomized controlled trial where newly admitted residents to a long term care facility will be administered an assessment battery to measure their performance in several domains, including affect, cognition, and activities of daily living. Half of the participating residents will be randomly assigned to a group designated as having "particularly high rehabilitation potential", and it is hypothesized that thee residents will in fact have objectively measurable improvements in cognition, affect, affect, and/or self-care as compared with residents in the "typical" outcome group.

Grant No./Pref/Suf: 5 RO1 MH42915-02.
Institution: Univ. of Iowa.
Project Director: James Curry.
Year of Support: 2 of 3 approved yrs.
Fiscal year 1988: $170,411.
Project Title: Work Stress and Morale Among Nursing Home Employees.

Project Description: This study is a prospective investigation of the effect of work stress on four indicators of psychological well-being, or morale, among nursing home employees: burnout, depression, work involvement, and job satisfaction. The influence of morale on turnover and absenteeism will also be examined. The sample will consist of approximately 1,100 nursing home employees engaged in direct patient care at various sites in the Midwest. Assessments will be made of: 1) objective measures of nursing home characteristics including work load and case mix, 2) employee perceptions of the work environment including task routinization, work load, and role conflict, 3) work stress arising from the provision of patient care, 4) social support including relations with co-workers and family or friends, and 5) burnout, depression, work involvement, and job satisfaction. Data will be analyzed to address the following theoretical issues: 1) the causal effects of work stress, social support, the work environment, and employee characteristics on changes in morale over time including the extent to which supportive social relationships serve to "buffer" the negative effects of work stress, 2) possible causal effects of morale on the subsequent levels of work stress, 3) the extent to which objective nursing home characteristics influence perceptions of the work environment and work stress, and 4) the causal effects of work stress and morale on turnover and absenteeism over time.

Grant No./Pref/Suf: 5 RO1 MH42566-02
Institution: Community Services Instit, Inc.
Project Director: Leonard Gottesman.
Year of Support: 2 of 3 approved yrs.
Fiscal year 1988: $241,687.
Project Title: Care for the Old and Mentally Ill in Personal Care Homes.

Project Description: This study will compare two strategies for the improvement of mental health care for elderly mentally ill residents of personal care homes. One strategy focuses heavily on more individualized care to a limited number of residents. The other involves a broader and more general increase of mental health services to a larger number of homes and residents.

This research is significant because personal care homes are "the new asylums" replacing large state hospitals and, for many, nursing homes, as a long term residence. Personal care homes, however, seldom provide mental health care. As government attempts to provide resources for improved mental health care in these homes, the most cost effective way to achieve it are of great importance.

The theory underlying this study is that mental illness of elderly persons is the result of bio/physiological, psychological and social elements which operate separately and jointly. While some of these elements may be irreversible, many can be reversed or modified to make their effects less severe. There is evidence that some aspects of elderly person's mental illness is treatable, by effecting the social circumstances of the individual, by impacting the bio/physiological elements, and/or by therapies aimed at the person's psychological reactions.

Grant No./Pref/Suf; 5 RO1 MH40300-03.
Institution: University of MD.
Project Director: Karen Kleeman.
Year of Support: 3 of 3 approved yrs.
Fiscal year 1988: $129,065.
Project Title: Stress & Mental Health: Caregivers of Day Care Elders.

Project Description: This is an intervention study of stress and mental health which focuses on family caregivers of elderly persons attending daycare centers. The overall goal of this research is to anticipate and reduce the psychobiological stress in family caregivers. Little data is available on effective ways to deal with stress—ways which would enhance the family member's mental health and prevent deterioration in his own overall health status. The aims of the study are to:

1. compare the effectiveness of an educative/didactic group for caregivers with a psychotherapeutic/support group in terms of caregiver coping, psychobiological symptoms experience and stress reduction.

2. identify the long-term effects of these selected intervention strategies on caregivers of the elderly.

In the course of the study, the relationship between caregiver psychobiological symptoms and the elder's cognitive and functional abilities will be identified. Caregiver psychobiological symptom experience and coping will be profiled over time by the description and identification of types of stress-related symptoms most frequently experienced.

Grant No./Pref/Suf: 5 RO1 MH40881-03.

Institution: Fordham Univ.

Project Director: Rita Mahard.

Year of Support: 3 of 3 approved yrs.

Fiscal year 1988: $100,435.

Project Title: Stress, Mental Health, Coping in Puerto Rican Elderly.

Project Description: This is a study of stress, mental health and coping in a sample of New York area Puerto Rican elderly. The primary aim of the study is to test a general theoretical model linking stressors and social and psychological resources to the mental health and coping outcomes of this group. A corollary aim is to explore the model refinements necessary to account for the unique experience of social, economic and demographic subgroups of Puerto Rican elders. The model encompasses both chronic and acute stress. Chronic stress will be examined in the areas of economics, interpersonal relations, health and acculturation, and acute stress in the form of recent undesirable life events. the conditioning as well as direct effects of both psychological and social resources will be examined. The affective mental health outcomes of depressed mood, feelings of anxiety and morale will be explored as will cognitive and behavioral coping outcomes.

Grant No./Pref/Suf: 1 RO1 MH42122-01A1.

Institution: Univ. of CA-San Francisco.

Project Director: Leonard Pearlin.

Year of Support: 1 of 4 approved yrs.

Fiscal year 1988: $330,472.

Project Title: Sources and Mediators of Alzheimer's Caregiver Stress.

Project Description: This study seeks to identify a range of stressors experienced by Alzheimer's caregivers, the coping strategies they adopt to deal with the stressors, their access to and uses of formal and informal support and the consequences of this stress process for symptoms of depression and physical illness. It conceives of the strains encountered within the caregiver role proper as central among the stressors. These strains result from the assistance the caregiver must provide the impaired person in daily activities, from the management of behavior that is potentially injurious or threatening, and from the overloads on time and energy. Other strains, e.g. family conflict, economic hardship and the cross-pressure of occupational and caregiving demands are connected to the strains in caregiving. Interviews will be conducted with a panel of 750 caregivers at three intervals. Investigators expect to find that the more intense the various strains and the more extensively they are diffused into different areas of life, the more mental and physical health will suffer, but there conditions will be minimized and buffered both by appropriate coping behavior and uses of social support.

Grant No./Pref/Suf: 5 RO1 MH41504-03.

Institution: Phila. Geriatric Ctr.

Project Director: Rachel Pruchno.

Year of Support: 3 of 3 approved yrs.

Fiscal year 1988: $241,467.

Project Title: Institutionalization of a Parent: M.H. Effects.

Project Description: This research proposes a mental health study to accomplish a prospective longitudinal assessment of the differential impact which institutionalization of a parent has on the adult child. The goal of the study is to identify those factors which may influence the intensity, duration, and frequency of negative consequences of coping with the stressor. The specific aims of the study are to examine the role of stressors, resources, and subjective perceptions of stressors as they affect: (1) the roles which the adult child plays vis-a-vis his/her institutionalized parent, and (2) the level of the crisis/adaptation experienced by the adult child. The study would examine crisis and adaptation responses on the part of the adult child over time and extends previous life event research by considering the impact of a chronic, long-term stressor. Results are expected to provide the basis for testing and modifying an integrative model of crisis and adaptation. The study is expected to provide significant new information relevant to identifying appropriate interventions and policies which would could significantly reduce social and emotional problems experienced by adult children of institutionalized elderly and enable more positive parent-child and child-institution interactions to occur, thereby increasing the well-being of both adult children and their elderly institutionalized parents.

Grant No./Pref/Suf: 5 RO1 MH41781-04.
Institution: Albany Medical College.
Project Director: Alfred Dean.
Year of Support: 4 of 4 approved yrs.
Fiscal year 1988: $292,079.
Project Title: Social Supports, Aging, & Psychiatric Disturbances.

Project Description: This study is designed to advance existing knowledge of the influence of social supports, along with stressors and psychological resources on psychiatric disturbances among adults 50 years of age and over. This will consist of (1) a panel survey with a representative sample of 1200 adults with quotas on age and sex, (2) modelling the causal relationships among the variables in the overall sample and by age and gender subgroups, (3) determining the differential effect of various types and sources of social support for each age/sex subgroup, (4) specifying how the nature and effects of the model variables are conditioned by physical health, marital status, and other sociodemographic factors, and (5) examining the effects of the key variables on various illness measures including depressed mood, clinical depression, cognitive impairment, anxiety, physical symptoms, and identified physical disorders.

The study has a number of distinct features essential to further knowledge of the psychosocial dynamics of mental health among the elderly: (1) examination of the potential benefit of various social supports, especially in response to stressful situations for the elderly; (2) longitudinal design; (3) substantial representation of various age groups and equal representation of males and females; (4) use of multiple measures of mental health applicable to the elderly; and (6) use of multivariate techniques to examine key variables and control variables.

Grant No./Pref/Suf: 5 RO1 MH41327-03.
Institution: Univ. of N.C.
Project Director: Glen Elder.
Year of Support: 3 of 3 approved yrs.
Fiscal year 1988: $130,161.
Project Title: Military Service in Adult Development and Aging.

Project Description: This is a three-year longitudinal study of military service in adult development and aging among men who were born between 1908 and 1915. Using data from the Stanford Terman study of gifted children the proposed project investigates the process leading to military service, its timing and nature, with particular emphasis on the link between military experience and the pre-service life history; the return to civilian life and the immediate post-military career; and the influence of military service/related events on the subsequent life course to old age. Phase I includes, (1) the investigation of factors and pathways leading to military service, its timing and nature; (2) the preparation of life record data files from the archive, and (3) the measurement of military experience and relevant psychosocial outcomes. Phase II focuses on the multivariate analysis of factors that bear upon the return of men to civilian life and their life course over the first post-war decade. Phase III centers on the long-term influence of military service, its duration and timing, type of military career, combat exposure. This proposal makes pioneering use of a longitudinal archive in a relatively neglected field of lifespan study. As millions of veterans from WWII enter the later years of life, it is time that we understand the implications of their military service for health, coping, and adaptation.

Grant No./Pref/Suf: 5 RO1 MH41766-02.
Institution: Michigan State Univ.
Project Director: Charles Given.
Year of Support: 2 of 2 approved yrs.
Fiscal year 1988: $99,553.
Project Title: Impact of Alzheimer's Disease on Family Caregivers.

Project Description: This study tests, confirms, and measures for reliability and validity instruments for assessing caregivers perceived burdens and reactions to caring for an elderly family member with Alzheimer's Disease and related dementias. The measures to be tested include: a seven dimension caregiver burden scale (financial impact, disruption of daily schedule, restriction in social activities, physical burdens, positive and negative reactions, changes in family relationships and interaction with the patient); a caregiver involvement scale; a self care practices of the caregiver scale; a social support resources scale; the SCL-90 scale; and the Alzheimer's patient dementia scale. The results of these efforts will be significant in three regards. First, instruments of known reliabilitly and validity will have been evaluated for use with caregivers of patients with Alzheimer's Disease. Second, the data will enable an exploration of caregiver reactions under varying levels of patients severity. Finally, this study will permit other researchers to pursue questions regarding caregiving with instruments of known reliability, validity, and stability.

Grant No./Pref/Suf: 1 RO1 MH42840-01.

Institution: Univ. of CA-San Diego.

Project Director: Igor Grant.

Year of Support: 1 of 3 approved yrs.

Fiscal year 1988: $205,183.

Project Title: Alzheimer Caregiver Coping: Mental and Physical Health.

Project Description: This study will examine, over time, the impact of Alzheimer's Disease caregiving on adaptive health outcomes as influenced by coping style, stress, support, and other person-environment factors. A sample of 120 Alzheimer couples will be interviewed every six months and a matched comparison group of noncaregiver couples will be randomly selected from a volunteer population. Data will be gathered on coping activity, health status (psychologic, physical, and physiologic, including immune and endocrine function), social supports, intercurrent life events, perceived burden of caregiving and other situation-related stress, past psychiatric and medical history, and functional status of the patient. The hypothesis is that physical and psychiatric health outcome in the caregiver will relate to rate and qualitative features of progression of the Alzheimer process; but that such health outcomes will be influenced by perceived social support, character of coping activity, intercurrent life events, and background physical and mental health of the caregiver. Further, the investigators suggest that neuroendocrine measures and immunologic variables will help distinguish successful and unsuccessful copers among caregivers, and may predict those who will themselves develop illness. The findings of this study have the potential to delineate the short- and long-term biophysiologic and psychologic consequences of coping with an Alzheimer patient, to identify personal and environmental factors associated with effective coping patterns leading to optimal caregiver outcomes and to explore the association between caregiver coping and deterioration of the Alzheimer's patients' health.

Grant No./Pref/Suf: 5 RO1 MH39637-02.

Institution: Long Island Jewish Hillside Med Center.

Project Director: Gregory Hinrichsen.

Year of Support: 2 of 3 approved yrs.

Fiscal year 1988: $68,518.

Project Title: The Mental Health of Depressed Aged and Their Caregivers.

Project Description: The purpose of this research is to study the mental health of caregivers to aged with Major Depressive Disorders and to examine the impact the caregiver coping behavior has on the older patient's depressive illness. Research will be conducted using the Stress and Coping paradign to examine the following hypotheses:

1. Different characteristics of the older patient's within-episode depressive illness, as well as characteristics of the caregiver, will be associated with caregiver strains.
2. Greater strains will be associated with the caregiver's use of coping behavior previously shown to be least effective in promoting emotional well-being and reduced incidence of later problems.
3. Caregiver coping will be related to the within-episode mental health of the caregiver.
4. Within-episode caregiver coping will be associated with the longer term course and outcome of the older patient's depressive illness.

Grant No./Pref/Suf: 1 PO1 MH43371-01.

Institution: Phila. Geriatric Center.

Project Director: M. Powell Lawton.

Year of Support: 1 of 5 approved yrs.

Fiscal year 1988: $751,325.

Project Title: Caregiving & Mental Health: A Multifaceted Approach.

Project Description: This Program Project will examine several large areas of concern regarding the process of caregiving by adult children to impaired people. Three separate projects will pursue different questions on caregiving stress, drawing from a pool of caregiving families that have already been studied at the Philadelphia Geriatric Center as well as recruiting new families. The three projects will share a common data core, which will be responsible for recruitment, subject selection, data management, training of interviewers, scheduling interviews, quality control of the data, and processing of the data prior to analysis. The common theme of the Program Project is the study of variations in the process of caregiving and the mental health outcomes of caregiving that are associated with marital status, intrafamilial dynamics, length of caregiving and characteristics of the person and her social setting. The combined results of the studies will yield new insights on the meaning of caregiving, the family as a unit for study, and the place of caregiving within the context of the caregiver's life. New knowledge will also be gained about women's roles, the differences between caregiving for Alzheimers patients and nondemented physically impaired people within-household and extra-household caregiving, and household constellations as sources of variation in caregiving.

Grant No./Pref/Suf: 5 RO1 MH42549-02.

Institution: SUNY-Albany.

Project Director: Nan Lin.

Year of Support: 2 of 2 approved yrs.

Fiscal year 1988: $63,330.

Project Title: Social Support and Health Status in the Age Structure.

Project Description: This is a study of the effects of components of social support convoys on physical and mental health in different age groups. Data collected in a community health survey in New York in 1982 will be used to identify varous age groups and conduct analyses to determine, (1) the sources of support and support functions for each age group, and (2) the manners in which these sources and functions affect mental and physical health. The preliminary hypotheses are: (1) sources of support change in type and decrease in size and diversity in the older age groups, (2) the effectiveness of social support in upholding health and mental health is a function of the strength of ties with support sources for all age groups, (3) heterogeneity of sources of support positively affects mental and physical health, (4) due to the decreasing availability of medium-strength ties for many older people, there will be two distinct types of older respondents: those receiving support from strong ties who will maintain good mental and physical health, and those receiving support from others who will show deteriorating levels of metnal and physical health, and (5) due to the decreasing availability of heterogeneous sources of support, there will be two distinct types of older respondents: those receiving support from heterogeneous ties who will maintain good mental and physical health, and those receiving support from homogeneous sources will show deteriorating levels of mental and physical health.

Grant No./Pref/Suf: 5 RO1 MH41758-03.

Institution: Univ. of Rochester.

Project Director: Ruth O'Brien.

Year of Support: 3 of 3 approved yrs.

Fiscal year 1988: $140,176.

Project Title: Risk Factors and Processes in Older Widows Mental Health.

Project Description: This study examines the risk factors and processes related to mental health outcomes among a stratified sample of older widows experiencing, (a) sudden death of a husband, (b) death of a husband following a short-term illness, and (c) the death of a husband following a prolonged illness: The specific objectives are:

1. Evaluate a theoretical model which hypothesizes that, (a) the suddenness of the death event in conjunction with other undesirable life events increases the stress experience which, in turn, negatively effects widows' mental health, (b) unsupportive social ties have a total negative effect on widow's mental health, (c) supportive social ties have a total positive effect on widow's mental health, (d) unsupportive social ties will have a stronger total impact on widows' mental health than supportive social ties.
2. Describe changes in widows' depressive symptomatology and mood states throughout the first two years of bereavement.
3. Identify the incidence of clinical depression or other psychiatric morbidity using DSMIII criteria among widows during the first two years of bereavement.
4. Explore the differential impact of various sources of supportive and unsupportive social ties upon widows' stress experience and coping behaviors both shortly after the death of their husbands and over time.

Grant No./Pref/Suf: 5 RO1 MH32260-10.

Institution: Yale University.

Project Director: Adrian Ostfeld.

Year of Support: 10 of 10 approved yrs.

Fiscal year 1988: $396,798.

Project Title: Effect of Spousal Illness and Death in Older Families.

Project Description: This research employs epidemological strategies and a prospective design to investigate the effect of a major stressful experience on health and survival. Life threatening illness and death in some cases, of a marital partner, is the stressful experience. Three non-hospitalized groups of married persons matched in age, sex, socioeconomic status and prior health status are identified for followup: a high stress group whose spouses have been hospitalized with life-threatening illness and have died, an intermediate stress group whose spouses have been hospitalized with life-threatening illness and survived, and a low stress group whose spouses have been hospitalized for a "benign" disorder that in no way is life threatening. Two questions are addressed: (1) Given exposure to the stress of a life-threatening illness or death of a hospitalized spouse, what are the medical, psychological, and social characteristics of the non-hospitalized spouse that determine the health consequences of the experience for the latter persons, and (2) what are the psychological, psychosomatic and behavior mechanism that mediate those health consequences?

Grant No./Pref/Suf: 1 RO1 MH42163-01A1.
Institution: Family Research Lab.
Project Director: Karl Pillemer.
Year of Support: 1 of 4 approved yrs.
Fiscal year 1988: $130,607.
Project Title: Social Relations of Alzheimer's Caregivers Across Time.

Project Description: This study will investigate changes in the social networks and burden of primary caregivers to elderly relatives with Alzheimer's disease over a two year period following the initial diagnosis of dementia. The study will examine the ways in which changes in the structure and function of social networks affect caregiver burden. Further, the PI intends to explore whether certain types of support and interaction lead to a greater reduction in the stress and burden experienced by caregivers. The study will employ a longitudinal design, in contrast to almost all other studies of caregivers, which have been cross-sectional, and will utilize precise measures of social network structure and function, in contrast to the more general measures of social support and family relations used in previous studies of caregivers. Multiple measures of caregivers burden will be employed, including measures of both physical and psychological well-being and subjective stress experienced in providing care.

Grant No./Pref/Suf: 2 RO1 MH37067-04.
Institution: San Diego State Univ.
Project Director: E. Percil Stanford.
Year of Support: 1 of 1 approved yrs.
Fiscal year 1988: $85,592.
Project Title: Health and Functional Dependency of the Minority Aged.

Project Description: This research project will investigate the relationship between chronological age, health and functional dependency among minority and nonminority elderly. The interactive effects of health, psychological, behavioral, socio-cultural, and ecological factors on functional dependency will be examined across ethnic groups using cross-sectional and longitudinal methods. The primary aims of the project are to determine:

1. What factors are associated with functional dependency and how do these factors vary across ethnic and gender groups?
2. What are the correlates of functional dependency that have a potential for preventive intervention?
3. Are there ethnic group-specific chronological aging patterns related to functional dependency?
4. What is the age of onset of functional disability and does this age vary by ethnicity, gender and socioeconomic status?

This research is expected to have significant impact on policy and medical practices.

Grant No./Pref/Suf: 1 RO1 MH43267-01.
Institution: Univ. of Washington.
Project Director: Peter Vitaliano.
Year of Support: 1 of 5 approved yrs.
Fiscal year 1988: $259,780.
Project Title: Correlates of Mental Health in DAT Spouses.

Project Description: To date, the vast majority of DAT research has concentrated on the patient or the caregiver, but not on both. In this multidisciplinary longitudinal study, psychosocial, immunological, and cardiovascular distress will be compared in 70 spouses of mild DAT patients to the distress; in 70 age-sex-and health status-matched spouses of controls. The controls will themselves be matched to the DAT patients on age, sex, and depression. Using a theoretical model of distress to guide the research, 4 hierarchical hypothesee will be tested: (1) initially and at follow-up DAT spouses will be more distressed than control spouses on all measures; (2) at followup DAT spouses will be more distressed than at baseline, whereas mean differences over time in control spouses will be less extensive; (3) over time increases in DAT spouse distress will be partially explained by increases in DAT patient's cognitive/functional decline; (4) biological and psychosocial distress will be more correlated at followup than at initial assessment and at both times these relationships will be greater for vulnerable spouses and less for spouses with resources such as coping and social support.

Grant No./Pref/Suf: 5 P50 MH40159-05

Institution: Duke Univ.

Project Director: Dan Blazer.

Year of Support: 2 of 3 approved yrs.

Fiscal year 1988: $530,778.

Project Title: Clinical Research Center.

Project Description: The investigators propose to continue and expand activities developed during the first two years of this award. The primary goal of the Duke Center has been to define and validate a limited number of depressive subtypes in late life that are clinically relevant and prime for further study because of recent advances in neurosciences, nosology, and epidemiology, as well as biologic and psychologic approaches to therapy. Four subtypes of late-life depression have been targeted for study; (1) major depressive episodes, (2) dysthymia, (3) mixed anxiety and depressive disorders, and (4) dysphoria not associated with the above three subtypes. Core activities provide standardized assessments for depressed elderly patients and appropriate controls as well as assistance with data collection, management, and analysis. A core longitudinal study provides information regarding the phenomenology of late-life depression, as well as a framework for integration of findings and concepts on several projects—biological markers, electroconvulsive shock therapy, and cognitive behavior therapy.

Grant No./Pref/Suf: 5 P50 MH40381-03.

Institution: Univ. of Rochester.

Project Director: Eric Caine.

Year of Support: 3 of 3 approved yrs.

Fiscal year 1988: $532,484.

Project Title: Clinical Research Center.

Project Description: This Clinical Research Center for the Study of Psychopathology in the Elderly will be devoted to establishing and conducting research to examine the development of psychiatric disorders in a variety of geriatric patient populations. Core activities will include case identification, longitudinal followup, and data storage in a central facility; systematic diagnosis and treatment; and core research involving neuropsychological and epidemiological investigations. Individual research projects are also proposed; these will include investigations of affective disorder, Alzheimer's disease, and life stress and coping behaviors. The CRC/PE will attempt to 1). coalesce and coordinate ongoing University programs dealing with geriatric behavioral problems; 2), undertake case identification, longitudinal followup, and data storage in a central facility; 3), maintain a core research program to support ongoing studies, conduct new research, and disseminate research findings; 4), promote new investigative multidisciplinary endeavors utilizing the Center's resources, and provide consultation, guidance, and support for these investigations; and 5), develop education and training opportunities at the local, regional, and national levels.

Grant No./Pref/Suf: 2 P50 MH40380-04.

Institution: Phil. Geriatric Center.

Project Director: M. Powell Lawton.

Year of Support: 1 of 3 approved yrs.

Fiscal year 1988: $614,901.

Project Title: Clinical Research Center.

Project Description: This is a Clinical Research Center grant. The program, dealing with depression as it occurs in a residential care setting for older people, is both multidisciplinary and longitudinal. Five projects are involved:

1. A study of medical treatment efficacy and diagnostic reliability of the attribution of depressive symptoms in residents with four possible mild "physical" sources of depression, thyroid deficiency, iron deficiency anemia, chronic obstructive pulmonary disease, and those receiving "depressogenic" drugs.
2. A study of the side effects versus therapeutic efficacy of nortriptyline and the usefulness of biological markers.
3. A study of the effective life and its relation to daily events of depressed and non-depressed residents.
4. A study of suicidal ideation, suicidal behavior, indirect suicidal behavior, and psychopathological versus "existential" suicidal motivation in depressed and nondepressed residents.

5. A study of the familial interactions and relationships of depressed and nondepressed people.

Grant No./Pref/Suf: 1 P50 MH43444-02.

Institution: Univ. Hospitals of Cleveland.

Projet Director: Peter Whitehouse.

Year of Support: 2 of 3 approved yrs.

Fiscal year 1988: $287,955.

Project Title: Clinical Research Center.

Project Description: This CRC will characterize cognitive and psychiatric symptoms of a population of AD patients, follow them longitudinally, and explore the relationships between alterations in adrenergic and serotonergic markers in life and in death with the clinical features. The goal of the CRC is to contribute to a better understanding of the biological basis of the cognitive and behavioral manifestations of AD, which will lead to better diagnostic and therapeutic approaches. There will be six cores: clinical, clinical pharmacology, neuroimaging, neuropathology, data management and analysis, and administrative. Five specific research projects are included in the proposal: 1) biochemical assessment of serotonergic and noradrenergic markers in blood platelets, 2) the role of adrenergic and serotonergic systems in the regulation of cortisol secretion and glucocorticoid receptor number, 3) post mortem alterations in cortical, adrenergic, and serotonergic binding sites, 4) description of the pathology of the locus coreruleus and rapho nucleii, and 5) studies of the neural control of blood-brain barrier regulation.

Grant No./Pref./Suf: 5 P50 MH40041-05

Institution: Stanford Univ.

Project Director: Jerome Yesavage.

Year of Support: 5 of 6 approved yrs.

Fiscal year 1988: $494,935.

Project Title: Clinical Research Center.

Project Description: The theme of this CRC is to identify areas of "excess disability" in patients with primary degenerative dementia (PDD) which may be alleviated to improve functional status. 150 patients with PDD and a group of control subjects will receive core cognitive/behavioral assessment and will be followed for at least two years. In addition, both groups of subjects will be evaluated with various specialized biochemical, electrophysiological, brain imagery, sleep, and medical assessments. One component of the proposed research would study the course of psychosocial needs of caregivers of PDD patients and will attempt to develop model programs for treating depression in this group. In addition to the core assessment component, the following 5 projects will be undertaken:

1. Biochemical Correlates of PDD.
2. Electrophysiological and Brain Image Correlates of PDD.
3. Sleep Correlates of PDD.
4. Medical Correlates of PDD.
5. Caregiver Correlates of PDD.

Grant No./Pref/Suf: 5 K07 MH00697-02.

Institution: Univ. of Arkansas.

Project Director: Cornelia Beck.

Year of Support: 2 of 3 approved yrs.

Fiscal year 1988: $66,608.

Project Title: Research Development in Geriatric Mental Health.

Project Description: The purpose of this geriatric mental health research development program is to prepare the nominee, Cornelia Beck, for an academic research career in geriatric mental health. The nominee has doctoral preparation in psychiatric nursing and gerontology, but has minimal experience in geriatric mental health research. To achieve the transition to the role of clinical investigator and to become an institutional resource to other researchers and clinicians, the nominee has designed a program which will focus initially and primarily on the development of the nominee's research and clinical skills in geriatric mental health. The expansion and refinement of the nominee's research abilities and clinical expertise in geriatric mental health will be achieved thorugh: 1) self-directed study in research methodology, cognitive changes in the elderly, and neurophysiological correlates of these changes; 2) consultation with experts who are active in research in cognitive skills training; 3) supervision by a neuropsychologist in an evoked potential lab to learn laboratory techniques for testing cognitive processing strategies; and 4) clinical experience in an Alzheimer's clinic supervised by a geriatric neurologist. The second major goal is the development and implementation of studies in the area of cognitive ability, mental health and functional status of the elderly and in other related research areas which emerge from the activities of the award. In addition, the nominee will accomplish the following goals: 1) promote the clinical content and research skills of students, faculty, and clinicians in geriatric mental health; 2) facilitate collaborative efforts among disciplines and between clinicians and faculty in research on the mental health problems of the older adult; and 3) implement an ongoing evaluation plan.

Grant No./Pref/Suf: 1 K07 MH00748-01.
Institution: Univ. of Rochester.
Project Director: Yeates Conwell.
Year of Support: 1 of 3 approved yrs.
Fiscal year 1988: $77,582.
Project Title: Geriatric Mental Health Academic Award.

Project Description: This Academic Award will enable Dr. Conwell to undertake a series of investigations of suicide in elderly. The proposed research is multidimensional, and includes epidemiological, clinical/descriptive, and neurobiological perspectives. Each dimension will be studies in samples of elderly suicide attempters, completed suicide victims, and control populations.

The Principal Investigator will also take courses, study independently, and seek expert consultation in areas relevant to the investigation of suicide and late life affective disorders. He will also lead a collaborative multidisciplinary effort to more fully understand suicidal behavior from social and environmental perspectives.

Grant No./Pref/Suf: 5 K07 MH00612-03.
Institution: Rush Presbyt.-St. Lukes.
Project Director: Carol Farran.
Year of Support: 3 of 3 approved yrs.
Fiscal year 1988: $48,492.
Project Title: Geriatric Mental Health Academic Award.

Project Description: This is a Geriatric Mental Health Academic Award to prepare Dr. Farran to expand her clinical, academic and administrative abilities and her research skills in the area of geriatric mental health. She will then be able to function as a geriatric mental health researcher, and will be able to develop other geriatric mental health researchers, and introduce research findings into clinical and academic settings. In particular, the major thrust of this study will be to explore how "hope", which has been acknowledged as important for geriatric mental health, manifests itself with a variety of older populations such as a community-based population, hospitalized psychiatric population, and groups of family members with an Alzheimer's patient. The nominee will be supervised by an interdisciplinary team of experts at Rush-Presbyterian-St. Luke's Medical Center and will utilize the inpatient geropsychaiatric unit at Johnston Bowman Health Center for the Elderly as a research base.

Grant No./Pref/Suf: 5 K07 MH00665-03.
Institution: Univ. of CA.
Project Director: Andrew Leuchter.
Year of Support: 3 of 3 approved yrs.
Fiscal year 1988: $80,352.
Project Title: Geriatric Mental Health Academic Award.

Project Description: This is a Geriatric Mental Health Academic Award for Dr. Leuchter to conduct his research and teaching activities at UCLA. The five aims of the application are:

1. To foster Dr. Leuchter's development as an investigator in geriatric psychiatry;
2. To facilitate the development at UCLA of research aimed at improved methods for diagnosis and assessment of demented patients;
3. To broaden involvement by faculty in psychiatry and other departments at UCLA in geriatric mental health research;
4. To enable Dr. Leuchter to train other researchers to utilize his skills and methods;
5. To disseminate his research findings to other academicians at UCLA.

These aims will be achieved through a five-part plan. First, Dr. Leuchter will conduct two studies during the term of his award: a) a study aimed at the development of computer-analyzed electroencephalography as a test for the differential diagnosis of dementia, and b) a study of psychological, social, and biological factors. Second, he will pursue a program of structured academic courses and tutorials aimed at the development of his research skills. Third, he will supervise residents on the geropsychiatry service and train research fellows. Fourth, he will enhance his clinical skills by performing clinical and research evaluations on patients. Fifth, he will participate as an instructor in seminars and other didactic programs of the UCLA.

Grant No./Pref/Suf: 1 K07 MH00740-01.
Institution: Case Western Reserve.

Project Director: Stephanie Nagley.

Year of Support: 1 of 3 approved yrs.

Fiscal year 1988: $69,729.

Project Title: Geriatric Mental Health Academic Award.

Project Description: The nominee for this Geriatric Mental Health Academic Award will accomplish the objectives of the award through supervision with a mentor who has experience in geriatric mental health research and practice; complete a course plan that includes courses in research methods and analysis, and geriatric mental health nursing practice, have a supervised clinical clerkship with a geropsychiatrist, consultation with experts in aging and research and practice. Upon completion of the award, the nominee is expected to function as: (1) a researcher in geriatrics, (2) a resource to help develop other researchers, and (3) a resource to introduce research findings to other clinical teachers and researchers in the academic setting.

Grant No./Pref/Suf: 5 K07 MH0068.

Institution: Dartmouth College.

Project Director: Thomas Oxman.

Year of Support: 2 of 3 approved yrs.

Fiscal year 1988: $75,135.

Project Title: Geriatric Mental Health Academic Award.

Project Description: The long term goals of the applicant are to investigate in an elderly rural population the roles of physiological and social factors in the onset of and recovery from mental disorders. This proposal is designed to provide the applicant with the skills to establish a geriatric mental health research program based on expertise in three specific areas: (1) systematic assessment of psychological coping and adaption in the elderly; (2) systematic assessment of social supports and social networks of the elderly; (3) design and evaluation strategies appropriate for psychological coping and social support intervention research in the elderly.

Grant No./Pref/Suf: 5 KO2 MH00295-09.

Institution: Western Psych. Instit.

Project Director: Charles Reynolds.

Year of Support: 9 of 10 approved yrs.

Fiscal year 1988: $60,507.

Project Title: Research Scientist Development Award.

Project Description: This is a study of sleep-wake regulation in normal and pathologic aging persons. The goal is the development of objective indicators of diagnosis, of treatment response to antidepressant therapy, and of prognosis. This goal will be achieved by comparing baseline sleep measures among groups of mixed-symptom patients who are responders, partial responders, or non-responders to adequate antidepressant therapy. The experimental hypothesis of this study is that patients with reversible dementia of depression will show sleep and other psychobiologic measures similar to those of depressives without cognitive impairment, while other mixed symptom patients with early Alzheimer's disease and symptoms of depression will show sleep and psychobiologic measures more similar to those of Alzheimer patients already studied to date.

Grant No./Pref/Suf: 1 KO7 MH00733-11.

Institution: Univ. of Rochester.

Project Director: Pierre Tariot.

Year of Support: 1 of 5 approved yrs.

Fiscal year 1988: $75,978.

Project Title: Geriatric Mental Health Academic Award.

Project Description: This award will assist Dr. Tariot in his development as a researcher who can devise and validate new investigative strategies, a developer of other researchers, and an introducer of research findings in mental disorders of the aging. The nominee's development will be guided by three major themes during the period of the award. The first is acquiring expertise in the phenomenologic characterization of behavioral disorders in the aged, as well as in measurement of such behaviors, both for prospective phenomenologic studies as well as neuropharmacologic studies. The second theme is clinical neuropharmacology, which the nominee will pursue with a hierarchy of studies that will relate to each other as well as other themes. The third theme is that of prevention, both from pharmacologic and non-pharmacologic perspectives.

Grant No./Pref/Suf: 5 KO MH00540-03.

Institution: Western Psych. Instit.

Project Director: George Zubenko.

Year of Support: 3 of 6 approved yrs.

Fiscal year 1988: $62,019.

Project Title: Geriatric Mental Health Academic Award.

Project Description: This is a level 1 Research Scientist Development Award which will employ fluorescence spectroscopy as a tool to probe the biophysical characteristics of blood cell and brain synaptosomal membranes from patients with Alzheimer's disease. 1). Studies of platelet and RBC membranes may reveal characteristic alterations that may aid in the antemortem diagnosis of Alzheimer's disease. 2). Experiments will also be conducted to determine whether alterations in blood cell membranes from Alzheimer patients reflect a generalized platelet or RBC membrane "defect" or a change in the age distribution of these cells. 3). The functional consequences of biophysical abnormalities of platelet membranes will be determined using platelet aggregation as a model system. 4) A parallel study of synaptosomal membranes prepared from frost, unfixed regions of Alzheimer brain will provide information on membrane biophysical properties as correlated with histopathologic reports.

BASIC RESEARCH RELATED TO AGING

PROJECT ABSTRACTS

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QUERY 1812                              MH GRANTS SORTED BY PROGRAM CLASS, ACTIVITY CODE


-PROJECT NUMBER......5 R01 MH33443-09                    INVESTIGATOR NAME/ADDRESS
                                               FY  88    WECKER, LYNN
IRG/INTRAMURAL UNIT..BPNA               MR-N             LOUISIANA STATE UNIV MED CTR
AWARD AMOUNT..........   $117,951                        1901 PERDIDO STREET
                                                         NEW ORLEANS, LA  70112
PERFORMING ORGANIZATION: LOUISIANA STATE UNIV MED CTR NEW ORLEANS
TITLE   Exogenous choline effects on ACh function in brain (rats)

ABSTRACT:         [STATUS = 0]
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Experimental evidence to date indicate that although supplementation with choline does not alter the steady-state concentration of acetylcholine (ACh) in brain under normal biochemical and physiological conditions, it does support the synthesis of ACh during drug-induced increases in neuronal demand. Although the specific mechanisms involved in the utilization of supplemental choline for the synthesis of ACh during states of increased neuronal activity have not yet been elucidated, results indicate that this effect is not due to increased levels of free choline in brain, but rather, may involve alterations in the concentration or metabolism of choline-containing compounds. Hence, it is the overall objective of this research proposal to investigate the neurochemical mechanisms mediating the effects of choline supplementation. Neurochemical and neuropharmacological techniques will be used to address the following questions: 1) Do chronic alterations in the availability of choline alter the dynamics of ACh metabolism? 2) Is the utilization of supplemental choline for the synthesis of ACh dependent on the level of activity of cholinergic neurons? 3) What are the sources of choline mediating the effects of choline supplementation? 4) What are the mechanisms regulating the metabolism of choline at nerve terminals? 5) What is the nature and physiological significance of the serum factor whose activity or concentration is induced by choline supplementation and whose role may be to regulate the transport of choline across the blood-brain barrier? 6) What are the functional consequences of choline supplementation? and 7) Are the effects of choline supplementation observed in brain from adult rats manifest in brain from aged animals? Results from these studies will provide information on the relationship between neurotransmitter precursor availability and central cholinergic mechanisms which is essential for understanding the intrinsic mechanisms regulating the metabolism of choline and ACh in brain. Furthermore, results may provide a basis to better assess the therapeutic rationale and possible merits of the use of choline for the treatment of neuropsychiatric disorders postulated to involve hypocholinergic activity such as Alzheimer's Disease.

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$ = TOTAL AWARD AMTS & NOT LIMITED TO PORTION OF PROJECT RELATED TO SUBJECT OF SEARCH
SUBPROJECT $ = TOTAL AWARD AMOUNT DIVIDED BY NUMBER OF SUBPROJECTS
SOURCE:  CRISP  FORMAT F   FY 88      LAST UPDATE 10-01-88
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-PROJECT NUMBER......2 R01 MH31862-11 INVESTIGATOR NAME/ADDRESS
FY 88 BIRD, EDWARD D
IRG/INTRAMURAL UNIT..BPN MR-N MCLEAN HOSPITAL
AWARD AMOUNT......... $565,201 115 MILL STREET
BELMONT, MA 02178
PERFORMING ORGANIZATION: MC LEAN HOSPITAL (BELMONT, MA)
TITLE Brain tissue resource for neuropsychiatric research (human)

ABSTRACT: [STATUS = 0]

During the initial tenure of this grant, a brain bank was established at McLean Hospital to collect tissue from Huntington's disease, schizophrenia and non-neuropsychiatric controls. In the first four years of this grant a total of 285 brains were collected. These tissues were dissected into 64 different regions and stored at -70 C. Seventy U.S. investigators received from our bank over 10,000 vials of brain tissue. The present continuation proposal will aim to expand the collection, dissection and disbursement of brain tissues from neuropsychiatric disorders that have potential for the detection of neurochemical abnormalities. An effort will be made to reduce the postmortem time interval for removal of brains which will expand the number of techniques that can be applied to the study of postmortem human brain. Modification of our dissection methods to include the dissection of both hemispheres will expand the neurochemical profile to the whole human brain and address the problems of laterality of the brain. It is planned to use a whole brain cryo-microtome for sectioning the brain in order to dissect tissue from small nuclei not previously dissected from human frozen brain. The Brain Bank will establish a neuropathology laboratory in order to provide better histopathological sections and speed up the time interval between collecting the brain and establishing a diagnosis. Neurochemical measurements will be carried out on small sections of the frozen brain before it is dissected in order to determine the quality of the brain at a molecular level. A data base management file on all cases will be kept in order to provide detailed clinical information on the case.

-PROJECT NUMBER......5 R01 MH28783-12 INVESTIGATOR NAME/ADDRESS
FY 88 WURTMAN, RICHARD J
IRG/INTRAMURAL UNIT..BPNA MR-N MASSACHUSETTS INST OF TECH
AWARD AMOUNT......... $261,068 77 MASSACHUSETTS AVENUE
CAMBRIDGE, MASS 02139
PERFORMING ORGANIZATION: MASSACHUSETTS INSTITUTE OF TECHNOLOGY
TITLE Psychopharmacological effects of exogenous choline (human, rats)

ABSTRACT: [STATUS = 0]

Our ability to understand some mental diseases, and to develop effective drugs for treating the diseases, has benefitted greatly from our expanding knowledge about the biochemistry and pharmacology of the monoamine neurotransmitters. Although abundant evidence indicates that brain acetylcholine [ACh] is also involved in some diseases affecting behavior, considerably less basic information is available about this transmitter, and few if any therapeutic agents now exist which can be used chronically to enhance cholinergic CNS transmission. The studies described in this renewal application will examine a perhaps unique aspect of cholinergic neurons, i.e., their use of choline for two purposes: As the precursor for their neurotransmitter, and as a constituent of their membrane phospholipids (principally, phosphatidylcholine [PC; lecithin]). We and others previously showed that giving supplemental choline could increase the syntheses of both ACh (particularly, in frequently-firing neurons) and phosphorylcholine (a limiting intermediate in the major pathway for PC synthesis). We now wish to examine the inverse possibility -- that when inadequate choline is available for ACh synthesis, cholinergic neurons obtain more of it by hydrolyzing PC in their membranes. We will use, primarily, two experimental systems developed here during the past two years: Cultured cells that produce ACh and PC, and electrically-stimulated slices of superfused rat caudate nucleus. We will also determine whether a particular "pool" of PC, which can be differentiated from the others by its mode of synthesis [e.g., phosphatidylethanolamine methylation; base-exchange; CDP-choline cycle], or by its fatty acid composition, is used preferentially as a choline source. Related studies will determine whether supplemental choline, given in doses that promote the release of acetylcholine, also "protects" brain PC from being hydrolyzed as a choline source, and whether various psychopharmacologic agents, particularly, those believed to affect cholinergic transmission, alter the metabolism of choline or PC. If the processes controlling ACh synthesis and release are intertwined with those affecting membrane composition (e.g., PC levels in relation to those of other membrane components), then rational long-term therapies for diseases involving cholinergic transmission may need to be directed to both the ACh and the membranes.

-PROJECT NUMBER......5 R01 MH41479-03
FY 88
IRG/INTRAMURAL UNIT..BPNB NR-N
AWARD AMOUNT......... $124,262

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PERFORMING ORGANIZATION: SALK INSTITUTE FOR BIOLOGICAL STUDIES
TITLE Anatomy of the amygdaloid complex (monkeys)

ABSTRACT: [STATUS = 0]

The amygdaloid complex has long been implicated in the organization of visceral, endocrine and autonomic aspects of species-specific behavior, and such affective responses as aggression and defense, sexual arousal, and appetitive behavior. More recently, however, neuropsychological studies of the primate amygdala have clearly shown that it also has a role in cognitive functions such as associative memory. These newly uncovered roles for the primate amygdala are consistent with its widespread connections with the cerebral cortex. While there is little evidence of direct projections between the amygdala and the neocortex in non-primates, in the monkey brain, it has recently been found to project to much of the frontal, temporal, insular and occipital cortices including primary sensory, unimodal associational, and polymodal associational areas. Most of these amygdalocortical projections have only just been identified and the analysis of their anatomical organization is at a very early stage. The goals of the proposed studies are: first, to determine the topographic organization of the amygdalocortical projections with special reference to regional and cross modality divergence; and second, to determine candidate neurotransmitters for these projections. Specifically, the topography of the amygdalocortical projections will be studied by injecting fluorescent dyes with distinct emission spectra into different cortical regions and analyzing sections through the amygdaloid complex for single and/or double retrogradely labeled cells. Neurotransmitter candidates will be examined by two different strategies. In the first, the possibility that these connections are mediated by an excitatory amino acid will be studied by injecting D-3H-aspartate into cortical terminal fields and examining the amygdaloid complex for retrogradely labeled cells. In the second strategy, the distribution of neurons containing other putative neurotransmitters will be studied immunohistochemically using antisera directed against a variety of peptides, such as somatostatin, and specific enzymatic markers, such as glutamic acid decarboxylase. Lesions of the human amygdaloid complex have been found to result in a variety of behavioral and cognitive disturbances. For example, such damage has been linked to the development of temporal lobe epilepsy. It is also known that the amygdala is one of the first structures to demonstrate histologic changes in Alzheimer's disease. The anatomical organization of the amygdala also appears to be abnormal in childhood autism. Moreover, the fact that the amygdala has one of the highest brain levels of benzodiazepine receptors is suggestive that it may mediate the antianxiety effects of these drugs. Knowledge of the amygdalocortical interconnections will advance our understanding of the normal and pathological functioning of this prominent component of the limbic system.

-PROJECT NUMBER......5 R01 MH40524-04
FY 88
IRG/INTRAMURAL UNIT..PCB MR-N
AWARD AMOUNT......... $128,682

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TITLE Neuropeptide/cholinergic function/alzheimer's disease (human, rats)

ABSTRACT: [STATUS = 0]

The neurochemical pathology of Alzheimer's disease, the most common cause of dementia, has received increasingly more attention in the last decade. Work from neurotransmitter systems are pathologically involved in this neurodegenerative disorder. Neurons affected include cholinergic neurons in the basal forebrain, and two groups of neuropeptide-containing cells: somatostatin neurons in the cerebral cortex and other brain areas, and CRF-containing cells in the cerebral cortex and striatum. Other peptidergic neurons such as those containing cholecystokinin, vasopressin and vasoactive-intestinal peptide apparently spared. In the present competitive renewal application we seek to scrutinize in detail, the dynamic state of the cholinergic neurons using tissue obtained in the Rapid Autopsy Procedure (20-60 min after death). By measuring markers of neuronal integrity, neuronal activity (high affinity choline uptake), receptor number and affinity, and receptor occupancy (Rb+ flux), the dynamic state of cholinergic neurotransmission will be assessed in several brain regions from histologically-confirmed Alzheimer's disease and age- and sex-matched controls. Such experiments will probably provide the mechanism(s) by which choline and lecithin therapy are ineffective in Alzheimer's disease. In addition, we shall continue our work on peptidergic (SRIF, CRF, and others) systems in Alzheimer's disease including a detailed mapping of the pathological involvement of CRF- and SRIF containing neurons in the Alzheimer's disease by measurement of the concentrations of those peptides in more than 30 brain areas. Moreover, SRIF and CRF receptor binding will be assessed, as will functional responses of these receptors, i.e. cyclic AMP production and phosphoinositide hydrolysis. The majority of these studies are feasible because of the unique availability of the rapid autopsy tissue - our research group is the only in the world conducting this procedure. These studies will provide novel data that should result in the development of a rational drug therapy in patients with Alzheimer's disease. Finally the measurement of several neuropeptides in cerebrospinal fluid of patients with Alzheimer's disease, patients with other neuropsychiatric disorders and controls may provide a diagnostic test for this disorder.

-PROJECT NUMBER......5 R01 MH19691-18
FY 88
IRG/INTRAMURAL UNIT..BPNB MR-N
AWARD AMOUNT......... $211,192

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PERFORMING ORGANIZATION: UNIVERSITY OF CALIFORNIA IRVINE
TITLE Interrelations between chemical and behavioral plasticity (rats, chick embryo)

ABSTRACT: [STATUS = 0]

The brain possesses remarkable plastic capabilities which adapt its circuitry in the course of normal function and in response to injury. We will continue studies on synaptic plasticity and remodeling focusing on the hippocampus as a model system. Recently, we reported that brain transplants survive better if placed in an injury several days after it is sustained. This correlated with an increase in neurotrophic factors. In our initial studies we used peripheral cultured neurons as an assay system. Now we will extend these studies using centrally derived neurons and characterize the nature of the factors. We will also determine whether or not injury produced by ischemia causes an increase in neurotrophic factors. These results together with previous results from mechanical and cytotoxic lesions should allow us to determine whether the response of neurotrophic factors to injury is general to several types of injury. Results from in vitro cell culture will be used to optimize the survival and growth of transplants and to explore the possibility that even adult neurons can be transplanted. Many of our transplant studies will focus on replacing the entorhinal cortex. In transplant studies carried out in the previous grant period we studied septal, striatal and raphe transplants. We found that raphe transplants do not form synapses. In order to complete this series of studies we plan to study whether cholinergic transplants form synapses using a monoclonal antibody to choline acetyltransferase. There is extensive information on the consequences of removal of the entorhinal cortex and now we will study its capacity to restore the circuitry to normal. The inputs and outputs of the transplants will be studied and we will determine how the outputs interact with lesion induced sprouting. In this series of studies we will also analyze the distribution of acidic amino acid receptors after lesions and after transplants using a newly developed autoradiographic technique. Overall we plan to study the requirements of neural survival and growth in vivo and in vitro and using conditions for optimal transplantation of neurons, rigorously analyze the circuits formed and the junctions restored.

-PROJECT NUMBER......5 R01 MH40090-03
FY 88
IRG/INTRAMURAL UNIT..BPNB MR-B
AWARD AMOUNT......... $81,915

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PERFORMING ORGANIZATION: CORNELL UNIVERSITY MEDICAL CENTER
TITLE Behavior and metabolism after hippocampal injury (rats)

ABSTRACT: [STATUS = 0]

Rats subjected to transient forebrain ischemia by the method of four vessel occlusion (4-VO) develop predictable and quantifiable lesions diffusely but also focally in the CA-1 zone of the hippocampus. The distribution and severity of regional hippocampal ischemic neuronal damage is a function of the duration of ischemia. Recent behavioral studies suggest that rats subjected to ischemia show isolated impairments in particular aspects of performance on radial 8 arm maze tasks. Specifically animals with ischemic cerebral damage have impaired "working" memory relative to "reference" memory. We plan to correlate changes in 8 arm maze performance with the extent of morphologic injury, and with alterations in hippocampal blood flow and glucose metabolism. The results from these experiments may provide clues for understanding the relationship between (1) local pathologic neuron damage and alterations in local or distant glucose metabolism and blood flow; and (2) metabolic alteration and behavioral deficit, specifically the glucose metabolism of the CA-zones of the hippocampus and memory for radial 8 arm maze tasks.

-PROJECT NUMBER......5 R01 MH40294-03
FY 88
IRG/INTRAMURAL UNIT..BPNB NR-N
AWARD AMOUNT......... $67,640

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PERFORMING ORGANIZATION: TEL AVIV UNIVERSITY
TITLE Neuronal corelease of acetylcholine and opioid peptides (electric fish)

ABSTRACT: [STATUS = 1]

The recent finding that presynaptic stimulation can result in the corelease of different neurotransmitters from the same neuron provides an important and novel intrasynaptic mechanism by which synaptic transmission may be modulated.

The objective of the proposed research is to study the biochemical mechanisms which regulate corelease and which determine neuronal output following presynaptic stimulation. The experiments will be performed on the cholinergic nerve terminals of the richly innervated Torpedo electric organ which, as we have recently shown, contain an opioid like peptide (OLP) which is coreleased with acetylcholine (ACh). The homogeneity of this preparation, and its endowment with presynaptic muscarinic and opiate receptors whose activation regulate release, render it uniquely suited for the proposed study.

The Torpedo OLP will be purified and characterized. Its corelease with ACh will be studied by determining the dependency of the release of ACh and OLP from isolated nerve terminals ('synaptosomes') and from tissue slices on the mode and extent of stimulation, and by comparing their metabolism within the nerve terminal (e.g. synthesis, uptake, storage, compartmentation). The regulation of corelease by presynaptic muscarinic and opiate receptors will be studied by determining their relative effects on the release of ACh and OLP and by investigating the biochemical mechanisms underlying these effects. This will be pursued by extending our preliminary findings that activation of the opiate receptor inhibits release by blocking the influx of Ca2+ into the nerve terminal and that the muscarinic effects on release are mediated by a PGE2-like prostaglandin which is its second messenger and inhibits release by interference with the coupling between intraterminal Ca2+ and release.

The proposed study of corelease and of the regulation of synaptic transmission by interacting neurotransmitters is expected to further our understanding of the function of the normal synapse and to yield conceptual and experimental tools which will be applicable to the study of synaptic dysfunction.

-PROJECT NUMBER......5 R01 MH17691-19
FY 88
IRG/INTRAMURAL UNIT..DABB NR-P
AWARD AMOUNT......... $368,836

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PERFORMING ORGANIZATION: UNIVERSITY OF CALIFORNIA LOS ANGELES
TITLE Interaction of drugs with brain acetylcholine (rats, guinea pigs)

ABSTRACT: [STATUS = 0]

The central objective of this research is to define ways in which drugs interfere with cholinergic systems on subcellular, cellular and system levels, using gas chromatography/mass spectrometry in conjunction with both stable and radioactive isotopic labelling to obtain a dynamic assessment of cholinergic processes and the factors controlling them. The dynamics of high affinity choline transport and acetylation, and of acetylcholine storage and release, will be studied in vitro in synaptosomes, guinea pig myenteric plexus, rat brain slices and other model systems, and in vivo in rats. Postsynaptic mechanisms will be studied by ligand binding techniques, and the coupling of cholinergic receptors to cellular responses will be investigated in the same tissues by measuring changes in phosphatidylinositol turnover in response to muscarinic agonists, partial agonists and antagonists.

Compounds to be studied include cholinergic and anticholinergic agents and agents such as choline and physostigmine which are used to promote central cholinergic activity; psychotropic agents such as antidepressants and neuroleptics which commonly have anticholinergic side effects; lithium, which increases acetylcholine turnover and also interferes specifically with phosphatidylinositol metabolism; and a series of chemical probes which we and others have developed to produce specific biochemical lesions in cholinergic systems. These include a group of irreversible muscarinic agonists, irreversible inhibitors of high affinity choline transport, a precursor of a cholinergic false transmitter and a potent inhibitor of vesicular acetylcholine transport. We expect these probes to be valuable in analyzing both presynaptic and postsynaptic regulatory mechanisms, in producing experimental models of pathological states such as Alzheimer's disease, and potentially in the development of new and more specific therapeutic agents.

-PROJECT NUMBER......5 R37 MH25281-15
FY 88
IRG/INTRAMURAL UNIT..BPN NR-B
AWARD AMOUNT......... $166,475

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PERFORMING ORGANIZATION: NORTHWESTERN UNIVERSITY
TITLE Memory consolidation localization (rats)

ABSTRACT: [STATUS = 0]

Rapid post-translational modification of brain phosphoprotein may mediate the rapid onset of synaptic modifications that underlie synaptic plasticity. The phenomenon of long-term potentiation (LTP) involves a rapid dramatic change in synaptic activation which is persistent for days or even months. Because of its relation to models of information storage and memory we have studied the effect of LTP on special identificable brain phosphoproteins, to determine their particular role in LTP. By using different methods to preserve that in vivo state of these proteins, it is possible to show that LTP increases the state of phosphorylation of a specific protein, protein F1 (molecular weight 47,000; isoelectric point, 4.5) and that this increase is due to the activation of a specific enzyme, protein kinase C.) We now propose to micro-inject chemical agents that can stimulate protein kinase C or inhibit its action to establish whether this enzyme is both necessary and sufficient for synaptic plasticity. Because LTP can be controlled, both with regard to extent and time course (up to 3 months in long term studies) the time frame for protein kinase C participation in LTP can be identified. The identification of protein F1 and protein kinase C important for regulating information flow and registration in the central nervous system may provide new insights into diseases of memory such as presenile dementia of the Alzheimer's type.

-PROJECT NUMBER......5 R01 MH19420-18
FY 88
IRG/INTRAMURAL UNIT..BPNB NR-B
AWARD AMOUNT......... $195,314

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PERFORMING ORGANIZATION: PRINCETON UNIVERSITY
TITLE Functions of occipto-temporal cortex (monkeys)

ABSTRACT: [STATUS = 0]

The long-term goal of this research is to contribute to the understanding of the physiological mechanisms of visual perception and visually guided behavior in order to facilitate the treatment, amelioration and prevention of disorders of vision caused by trauma, disease and developmental abnormalities.

In addition to striate cortex, a vast expanse of the cerebral cortex of primates is involved in visual perception and visually guided behavior. This cortex includes prestriate cortex, inferior temporal cortex (IT) and the superior temporal polysensory area (STP). Ongoing research on the functions of prestriate cortex, IT cortex and STP cortex will be continued using physiological, anatomical and behavioral methods. One major aim is to determine the role of the prestriate area MT in the perception of movement and the neural circuitry underlying this role. A second major aim is to analyze the role of the superior temporal polysensory area in orientation, localization, and eye movements, to determine the source of its visual input and to ascertain the role it plays in the visual functions that survive damage to the geniculostriate system, i.e. in "blind sight". A third major aim is to analyze further the role of the inferior temporal cortex in shape and face recognition in order to understand the perceptual deficits that follow its removal.

These aims are directly relevant to such health related problems as the development of visual protheses, the treatment of perceptual deficits after cortical damage, and the optimal utilization of sensory capacities after brain damage that results in impaired vision or blindness.

-PROJECT NUMBER......5 R01 MH37430-07

FY 88

IRG/INTRAMURAL UNIT..BPNB MH-B

AWARD AMOUNT......... $115,899

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PERFORMING ORGANIZATION: UNIVERSITY OF CALIFORNIA LOS ANGELES

TITLE Neurophysiology of attention and perception (human)

ABSTRACT: [STATUS = 0]

Understanding the higher functions of the human brain is one of the most complex and exciting problems in all of neurobiology. Recently, as neuroscience has adopted new tools from the physical and engineering sciences, striking advances in that understanding have occurred. The present research addresses the problem of the neuroanatomy and neurophysiology of selective attention, those brain mechanisms that allow some stimuli to be processed more rapidly or effectively than others. This problem may be approached by studying the processing negativity, an indication of selective attention that can be routinely measured in the electrically recorded event related potential. The intracranial origins of the processing negativity are presently unknown. However, by mapping the magnetic fields associated with the processing negativity, the intracranial locus of the cellular currents giving rise to the electrically recorded scalp potential may be identified with millimeter accuracy. Further, a new and complementary method for extracting localizing information from measures of scalp electrical activity, current source density analysis, will also be employed. Current source density analysis is theoretically sensitive to radially oriented currents, whereas neuromagnetometry is differentially sensitive to electrical currents within tangentially oriented cells. In a series of five major experiments, the differential contributions of radially and tangentially oriented cells to brain electrical and magnetic fields is first studied. Then, in two experiments, the effects of current intensity on brain electrical and magnetic fields is assessed for both the auditory and the visual system. The final pair of experiments employs well-established behavioral methods to elicit and map the attention-dependent processing negativities of the auditory and visual sensory systems. This program research not only advances the understanding of the neurophysiology of human cognition, but is of potential value in identifying an organic basis in patients with attentional disorders.

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Teicher, Martin H. 1R29 MH43743-01
McLean Hospital
Neuropharmacological Response to Early Brain Injury

FY 88: $117,402

APPLICANT'S ABSTRACT:

This FIRST Award is aimed at advancing our understanding of the responses of the developing mammalian brain to selective regional damage of dopamine (DA) systems. Brain injury early in development can produce severe disturbances in behavioral and cognitive capacities as seen in cerebral palsy, and may result in subtle neuropsychiatric sequalae, possibly including some forms of schizophrenia. It is important to understand how the developing mammalian brain responds to injury, and how the early environment may affect this adaptation. An effective model of selective lesioning is removal of DA with the neurotoxin 6-hydroxydopamine (6OHDA). In adult rats, such lesions induce akinesia and potentially fatal aphagia and adipsia. Neonatally lesioned rats eat, drink and grow at nearly normal rates but display hyperactivity and learning deficits after profound DA depletion before 20 days of age. Depletion of DA is associated with increased serotonin (5HT) and DA D-1 receptors in the forebrain of neonatal rats, but not adults, presumably by secondary adaptation of immature neurons that may include "sprouting" of neuronal processes. A major aim of this award is to understand the role of these processes in recovery and adaptation to lesioning of DA systems, using behavioral, neuropharmacological, and tissue culture techniques.

In recent years there has also been an astonishing convergence of studies which have revitalized interest in the prefrontal cortex (PFCTX), and demonstrated the potential importance of this substrate in the pathophysiology of schizophrenia. The proposed studies will add to this important emerging area by focusing on the developmental neuropharmacology of the PFCTX and its connections. Specifically, my studies will determine the time course for the emergence of PFCTX inhibitory control of DA systems innervating the striatum and nucleus accumbens, the age at which DA input to PFCTX becomes specifically activated by certain forms of environmental stress, and the effects of such early stress on the development of the slowly maturing PFCTX. Finally, the consequences of early deafferentation of the PFCTX and the early loss of intrinsic cell bodies will be studied using regional neurotoxic injections. Effects of such lesions on DA turnover, monoamine and metabolite levels, and behavior will be determined. These studies will help bridge the gap between understanding the normal function and development of the PFCTX and the possible pathophysiological impairments that might ensue from damage to different components of this system during development and maturation.

FINAL ACTION: September 14-16, 1987

Harvey, John A.    2R01 MH16841-21
University of Iowa

Effect of CNS Lesions on Drug Action

FY 88: $217,335

APPLICANT'S ABSTRACT:

Pavlovian conditioning of the rabbit's nictitating membrane response, a corneal-VIth nerve reflex, is generally agreed to provide a reliable measure of associative learning and memory. This model system will be used to identify the anatomical pathways and neurochemical systems involved in learning and memory and to examine the behavioral and neurochemical processes through which drugs act to alter learning and memory. Experiments will be carried out under three major aims that will provide converging approaches to obtain additional knowledge of these basic processes. Aim 1 will examine those brain regions that have been suggested to play an essential or important role in the acquisition and/or performance of conditioned responses. This will include a thorough examination of recent proposals that the cerebellum is essential for the learning of motor acts by the use of cortical (VIth lobe) and subcortical (interpositus) lesions of the cerebellum and from reversible lesions produced by infusion of lidocaine. The reversible lesion will then be employed to establish whether interpositus is essential for the acquisition of conditioned responses. These reversible lesions will also be used to identify other pathways of the conditioned and unconditioned response. Aim 2 will examine the uptake of $^{3}$H- and $^{14}$C-2-deoxy-D-glucose in a double isotope technique employing quantitative autoradiography to identify the areas of brain that are differentially activated by the contiguous presentation of a conditioned and unconditioned stimulus and whether such heterosynaptic facilitation of neuronal activity can predict subsequent rates of learning. For example, the effect of some drugs on learning appear to be secondary to their ability to increase or decrease such heterosynaptic facilitation. Aim 3 will use intraventricular injections of drugs that activate or inhibit the cAMP system to examine the role of this second messenger in learning and in the effects of drugs on learning. Such knowledge should provide clues concerning the neural systems involved in human disorders of learning and memory (e.g., Alzheimer's disease) and identify the drugs that might be effective in their treatment.

Jope, Richard S.    2R01MH38752-05A1
University of Alabama

Effects of Lithium on Cholinergic Activity

FY 88: $90,305

Lithium is the drug of choice in the treatment of bipolar affective disorder, although its mechanism of action remains unclear. Our major working hypothesis is that one effect of lithium is enhancement of cholinergic activity in the brain and that this may play a role in the therapeutic mechanism of action of lithium.

EEG and biochemical methods are used to study the in vivo CNS effects of drugs. Acute or chronic peripheral administration of lithium greatly potentiates the convulsant effect of the cholinergic agonist, pilocarpine. This interaction provides a useful means to study the in vivo enhancement of cholinergic activity by lithium. The following studies are proposed using this model: investigation of the effective doses of lithium and pilocarpine; study of the potentiation by lithium of the effects of other cholinergic drugs, including arecoline, physostigmine (an inhibitor of acetylcholinesterase) and carbachol (a quaternary amine which must be administered icv), which activates receptors more highly coupled to phosphoinositide hydrolysis than does pilocarpine; study of the carbachol model of kindling; and study of the roles of norepinephrine and calcium influx in this action of lithium.

The influence of lithium on acetylcholine metabolism will be studied using combined gas chromatography mass spectrometry to measure the endogenous and deuterium-labelled concentrations of acetylcholine and choline. Brain slices will be used to investigate the influence of lithium on the modulation of acetylcholine synthesis and release by cyclic AMP and the protein kinase C activator, PMA (a phorbol ester).

Administration of lithium and pilocarpine to rats results in massive increases of the concentration of acetylcholine in the cortex and hippocampus (to 460% and 300% of

Hanin, Israel 2R01 MH42572-02
Loyola University
Choline Analogs as Specific Cholinergic Poisons NR-P

FY 88: $155,200

APPLICANT'S ABSTRACT:

A neurotoxin which exhibits selectivity for cholinergic neurons would be an important tool for the study of cholinergic mechanisms in vivo, and for development of an animal model of cholinergic hypofunction. Over the past few years, several laboratories have been studying the effects of ethylcholine mustard aziridinium (AF64A; ECMA), a potential candidate for a cholinotoxin. Its selectivity of action toward cholinergic neurons is still being debated. Given the concerns about the cholinoselectivity of AF64A, we propose to conduct a systematic evaluation of the neurochemical and morphological consequences of its central administration in experimental animals, under carefully monitored and controlled conditions. Experiments have been designed to explore, in parallel, issues of selectivity and possible site(s) and mechanism(s) of action of AF64A.

Selectivity: We will attempt to establish the conditions under which AF64A is specific for cholinergic neurons, and to define conditions under which AF64A may become a nonselective toxin. Combined neurochemical and immunocytochemical studies will be conducted in order to monitor, in the same brain regions, the morphological and neurochemical alterations that result from AF64A treatment. Markers for cholinergic neurons as well as other neurotransmitters will be monitored simultaneously, in order to test for the selectivity of action (or lack thereof) of AF64A on cholinergic neurons.

Mechanism and Site of Action: The distribution of radiolabeled AF64A following in vivo administration will be investigated. ~~Both the diffusion to different brain areas~~ following different modes of intracerebral and intraventricular injection, and the subcellular distribution of AF64A will be examined. These experiments should give an indication of the possible site(s) of action of AF64A, and the potential affinity of AF64A for cholinoceptive sites. Other experiments will explore the consequence of AF64A administration on DNA integrity and cell replication in tissue culture, using both cholinergic and noncholinergic cell lines.

It is hoped that the results obtained from these studies will determine whether AF64A can indeed be used as a specific cholinergic neurotoxin. In addition, our results should provide further insight into the cytotoxic mechanism(s) of action of AF64A at the molecular level, and may elucidate criteria necessary for obtaining selective cholinotoxicity in general.

Carlson, Mary L. 2R01 MH40157-04A1
Washington University

Sensorimotor Cortex in Prosimian Primate

FY 88: $105,056

The long-term objective of these multidisciplinary studies of the structure and function of the somatic sensory system in the prosimian primate, Galago, is to understand how the primary (SI) and secondary (SII) projection areas in the cerebral cortex contribute to the capacity to discriminate tactile stimuli with the hand. Recent behavioral, physiological and anatomical studies of infant and adult Galago, and Macaca, have led to a variety of questions about parallel vs. serial sensory processing in the somatic sensory system in primates. Our recent physiological studies on Galago have provided a detailed map of the hand and body in SII and a complete body map in SI. Our on-going neuroquantatative studies, using the new texture stimulator we developed, are examining the differences in response properties between SI and SII neurons. In behavioral studies we have established the level of normative tactile capacity of adult Galago, as compared to Macaca and New World monkeys, and measured the behavioral deficits associated with SI and SII removals in adult Galago. Preliminary studies of SI and SII lesions in infant Galago (in agreement with our studies of infant Macaca) show recovery or sparing after tactile damage after SI or SII damage. Our anatomical studies of adult Galago have shown a pattern of independent thalamic projections to SI and SII in adults but our recent studies find a pattern of overlapping axon collaterals to SI and SII in infant Galago. Based on these recent findings the proposed research is designed to demonstrate recovery (or sparing) of tactile function after SI and SII lesions in infants, to examine the patterns of thalamocortical connections in the infant and adult, and to investigate how maintenance of normally-transient collaterals may provide the neural basis for normal [illegible] function following lesions in infant primates. The Galago provides an ideal preparation for these studies given our knowledge of the simple cortical organization and thalamocortical connections in the adult and the rapid development of infants in this primate species. We expect that studies of Galago at different ages may show: 1) a greater recovery of tactile function in the infant than in the adult animal; 2) abundant collaterals of thalamic projections to SI and SII ~~in normal~~ infants but not adults; 3) maintenance of transient thalamocortical axons in the SI- or SII-lesioned, but not the normal, infant that may provide the mechanism for recovery or sparing of function following brain damage in the infant primate.

-PROJECT NUMBER......5 R01 MH24600-14
FY 87
IRG/INTRAMURAL UNIT..PCBB BR-C
AWARD AMOUNT......... $157,386

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PERFORMING ORGANIZATION: UNIVERSITY OF CALIFORNIA SAN DIEGO
TITLE Memory as affected by aging, disease and ECT (human, mice)

The overall objective of the proposed work is to understand the structure and organization of normal memory and its neurological foundations. We are studying the amnesic effects of electroconvulsive therapy (ECT), the noted patient N.A., and have recently established a population of Korsakoff patients. In addition we are studying memory as it is affected by normal aging, and by certain psychotropic drugs. A related goal of the research is to specify the risks of ECT to memory, and to define those current parameters associated with least memory loss.

-PROJECT NUMBER......5 R01 MH31141-08
FY 88
IRG/INTRAMURAL UNIT..BPN MR-B
AWARD AMOUNT......... $101,710

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PERFORMING ORGANIZATION: UNIVERSITY OF VIRGINIA CHARLOTTESVILLE
TITLE Neuroendocrine modulation of memory (rats)

NO ABSTRACT ON FILE

APPLICANT'S ABSTRACT:

Substantial evidence indicates that neuroendocrine responses to training can regulate the storage of new information provided by the experience. In particular, peripheral epinephrine released from the adrenal medulla is closely tied to modulation of memory storage. This proposal will examine three issues central to epinephrine modulation of memory storage.

1) This proposal evaluates possible mechanisms by which epinephrine acts on memory storage. Because epinephrine is largely excluded from entry to the central nervous system, peripheral actions of the hormone apparently must explain the effects on memory. Our perliminary findings suggest that epinephrine acts on memory by increasing plasma glucose levels. The hypothesis that glucose mediates the effects of epinephrine on memory will be tested in several ways. Other hypotheses tested here include possible vagal afferent monitoring of plasma epinephrine or glucose levels, and effects of glucose on central noradrenergic systems as a mediator of glucose effects on memory.

2) The results relating epinephrine to modulation of memory storage contrast with the lack of chronic memory impairments in adrenalectomized animals. Recent findings indicate that adrenalectomy has profound short-term (two days or less), but not long-term, effects on memory. This proposal assesses functional recovery of physiological control of plasma glucose as the mechanism responsible for the recovery of memory storage capabilities.

3) Most prior research on epinephrine modulation of memory has used avoidance tasks. Recently we found that epinephrine can also enhance memory for appetitive training. Experiments here will determine whether the effects of epinephrine injections on appetitive memory reflect endogenous mechanisms of memory storage in these behavioral situations.

Thus, this proposal extends considerably our current information about epinephrine modulation of memory storage processing. The experiments address possible mechanisms of action, an inconsistency in current evidence, and the behavioral generality of epinephrine effects on memory.

-PROJECT NUMBER......1 R01 MH43830-01
FY 88
IRG/INTRAMURAL UNIT..BPN MR-N
AWARD AMOUNT......... $81,010

INVESTIGATOR NAME/ADDRESS
GREENOUGH, WILLIAM T
UNIVERSITY OF ILLINOIS
603 E DANIEL ST
CHAMPAIGN, ILL 61820

PERFORMING ORGANIZATION: UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN
TITLE PHYSICAL EXERCISE, MENTAL ACTIVITY, AND BRAIN AGING

NO ABSTRACT ON FILE

APPLICANT'S ABSTRACT:

This research addresses 1) age-related declines in the intrinsic capacity of the brain to exhibit plastic change of a type thought to be involved in memory formation, 2) effects of physical exercise upon the morphology of the aging brain, and 3) effects of mental activity upon the morphology of the aging brain. A central aspect of the research approach is the increasingly strong evidence that the formation and/or stabilization of synaptic connections between nerve cells is involved in memory and related forms of brain information storage. In the aging human and animal brain, there is evidence that the declines apparent in memory are paralleled by the loss of synapses, a reduced ability to form new synapses, or both. The underlying causes of these changes in the aging brain are unknown, and determining what they are is the chief goal of this research project. The causes could be intrinsic to the brain or could involve physiological-metabolic support systems such as the cardiovascular system. The brain or peripheral systems could, as recent work suggests, be modulated by behavioral variables such as physical exercise or mental activity. The hypotheses to be tested involve the following questions: 1) does the aging brain have a diminished ability to generate new synaptic connections between neurons? 2) Does physical exercise affect number of or inducibility of synaptic connections, perhaps through general effects upon vascular or other metabolic support? 3) Does physical exercise affect brain vasculature or metabolism in general? 4) Does motor learning (of an "acrobatic" task) affect the number of synaptic connections in brain regions likely to be heavily involved in performance of the task? 5) Does more general "mental exercise" arising from living in a complex environment affect brain metabolic or connectivity measures? And 6) Does additional physical exercise potentiate the effects of living in a complex environment? The hypotheses are to be tested using quantitative morphological methodology, combining light and electron microscopy to assess numbers of synapses per neuron, synaptic and neuronal density, vascular morphology, and mitochondrial volume fraction. These questions are critical to an understanding of the factors involved in the brain aging process and associated declines in learning, memory, and other aspects of mental performance and well-being.

-PROJECT NUMBER......2 R01 MH35873-07 INVESTIGATOR NAME/ADDRESS
FY 87 WATKINS, MICHAEL J
IRG/INTRAMURAL UNIT..BBP BR-C RICE UNIVERSITY
AWARD AMOUNT......... $73,090 P O BOX 1892
HOUSTON, TEX 77251

PERFORMING ORGANIZATION: RICE UNIVERSITY
TITLE Episodic memory: the cuegram and cue overload

The proposal is for an experimental study of episodic memory. A major goal is to demonstrate the viability of a unique metatheoretical framework within which human memory can be conceptualized and studied. Contrary to contemporary practice, the proposed research was conceived, is presented, and will eventually be reported from a radical funtionalist perspective. No reference will be made to the core information-processing construct of retention; no hidden entities or processes will be postulated to bridge the temporal gap between an event and its recollection. Neither will recourse be made to most of the other information-processing constructs. Rather, recall will be considered in probabilistic terms and as a function of various conditions and combinations of conditions. On the other hand, emphasis will be given to the experiential side of memory. Research conducted within this framework should be simpler and easier to extend to the study of memory pathology than research conducted within an information-processing framework. The particular research proposed should provide basic information relevant to an understanding of the nature of amnesia as well as to memory of the deaf. Much of the proposed research will involve presenting subjects (mostly college students) with lists of items (usually randomly selected words) and then, after a variable interval, administering one of several kinds of memory tests. The experiments fall into seven "studies". Study 1 concerns generic memory--the ability to remember a set of previously studied items as a set. Study 2 will examine certain specific behavioral effects, evident in amnesics as well as in normals, of an earlier experience that cannot be recollected. Study 3 will investigate the insensitivity of cued recall to variables that affect free recall and recognition. Study 4 will explore evidence that the effectiveness of a recall cue depends upon its manner of presentation. Study 5 will examine the conditions under which effective rehearsal occurs and its degree of specificity. Study 6 will pursue tentative evidence for a blocking effect on the ability to study particular items of information. Finally, Study 7 explores a "law" whereby verbal information is more likely to ascend and persist in mind if it is heard than if it is read.

## SERVICES RESEARCH RELATED TO AGING

## PROJECT ABSTRACTS

R01 MH40790 3/86-2/89
"Cost-Effectiveness of a Psychiatric Liaison Intervention"

STRAIN, JAMES J., M.D.
Department of Psychiatry
MT. SINAI MEDICAL CENTER $213,279
1 Gustav Levy Place
New York, New York 10029
Phone: 212/650-8122

This study is evaluating the efficacy of a psychiatric liaison intervention in reducing costs and improving outcomes for patients undergoing orthopedic surgery. The intervention focuses on assisting staff to recognize and address the problems patients experience during hospitalization and will provide patient and family therapy groups. Dr. Strain is testing whether the intervention will reduce hospital length of stay, reduce direct hospital costs, increases the rate of returning home, reduce medical utilization and costs during the 90 days postdischarge, decrease psychological morbidity during hospitalization, increase the use of mental health resources and costs during the 90 days postdischarge, and decrease levels of psychiatric morbidity 6 and 12 weeks postdischarge.

R01 MH44260 7/88-5/90
"Effects of Prospective Payment on Care for Depression"

WELLS, KENNETH, M.D., M.P.H.
Systems Sciences Department $266,187
The Rand Corportation
1700 Main Street
Santa Monica, California 90406
Phone: 213/393-0411, ext. 7193

To estimate the effects of Medicare's PPS and TEFRA payment schemes for patients with psychiatric diagnoses, Dr. Wells and colleagues will evaluate care received by elderly Medicare patients hospitalized for depression in acute care general medical hosptials. Using time-series data from a five state, quasi-experimental study (n=2832), the investigators will evaluate the effect of prepaid care on casemix (severity of illness and comorbidity), inpatient services received (length of stay, intensity of nursing services, use of diagnostic tests), and the quality of care provided. They will also conduct analyses to determine how bed type (psychiatric vs. general medical), hospital characteristics (age, Medicaid status) affect casemix, length of stay, and outcomes of care.

R01 MH42902
"Effect of PPS on Access to Care for Medicare Psychiatric Patients"

CHESNEY, JAMES D., Ph.D.
Commission on Professional and
Hospital Activities $106,815
P.O. Box 1809
Ann Arbor, Michigan 48106
Phone: 313/769-6511

Psychiatric care provided in short-term psychiatric hospitals is now subject to Medicare's prospective payment system (PPS). While it is possible for hospitals to become more efficient under PPS without lowering the quality of care, it is also possible for hospitals to maximize revenues in ways that compromise the care provided. The purpose of this research is to test a method of monitoring the extent to which hospitals may be responding to PPS by: (1) "skimming" or treating psychiatric and substance abuse cases in the more profitable DRGs; (2) "dumping" or transferring out or not admitting cases which are unprofitable; and (3) more frequent readmission of profitable cases than was true before PPS.

R01 MH40032 6/86-5/89
"Chronic Patients: Effect of Rehabilitation on
Life Course"

DE SISTO, MICHAEL, Ph.D.
Department of Mental Health/ $284,935
 Mental Retardation
Station #40, Room 411
Augusta, Maine 04333
Phone: 207/289-7126

The study compares long-term outcomes of persons with long-term mental illness in Maine, who were treated with traditional custodial care with the outcomes of a matched sample of Vermont patients, who were discharged 30 years ago to the community and received psychosocial rehabilitation as part of a planned deinstitutionalization program. The specific goals are to: (1) determine if comprehensive rehabilitation programs in the community can contribute to significantly improved long-term functioning, by delineating the patterns of residence, work, symptomatology, readmission, health, life events, etc. for the two groups; (2) determine if there is a clear-cut period during which functional independence occurs; (3) identify predictors, independent of treatment regimen, that predict the long-term course of illness and functioning; (4) document the long-term course of schizophrenia; and (5) determine the impact of service system policies in both states and on the life course of these individuals.

R01 MH43214
"Statistical Theory and Methods for Prospective 4/88-3/91
Payment"

SIEGEL, CAROLE, PH.D.
Research Foundation for Mental Hygiene, Inc.
The Nathan S. Kline Institute for $189,375
Psychiatric Research
Orangeburg, New York 10962
Phone: 914/365-2000, ext. 1712

The objective of this project is to develop advanced mathematical and statistical techniques for establishing improved methods of prospective payment for psychiatric cases treated in hospitals. The first issue is how to determine patient groupings that are both clinically meaningful and homogeneous with respect to resource use. The proposed mathematical models will predict length of stay and cost for each patient and generate a classification scheme with as few as possible broadly based patient groups. The second question to be addressed is how to determine prospective payment options that promote positive health care practices while controlling health care costs. A statistical decision theory framework will be developed to test the implications of prospective payment methods for patients, providers, and third party payers.

## DEMONSTRATION PROJECTS RELATED TO AGING

## PROJECT ABSTRACTS

### SUMMARIES OF DEMONSTRATION GRANTS

Colorado - MH42379 - $134,036

The State Division of Mental Health is developing a cooperative effort between its agency which will provide monitoring and supervision for the program and a variety of community organizations, institutions and agencies which serve and/or have an interest in mental health care for elderly mentally ill people. Their target is elderly persons who reside in downtown Denver in Single Room Occupancy hotels, boarding homes and other marginal housing in and around the area of Capitol Hill.

Florida - MH42407 - $158,056

The State Department of Health and Rehabilitative Services has contracted with the Gulf Coast Jewish Family Services (GCJFS) to provide a model continuum of mental health care for elderly mentally ill persons. This will include residential care, day treatment, case management and counseling services. There will be a year-round training program offered for paraprofessional and professional staff members of GCJFS.

Georgia - MH42404 - $109,000

The Department of Human Resources has contracted with the Atlanta Area Alzheimer's Disease and Related Disorder Association to provide the services of Respite Care Workers to persons with Alzheimer's disease and other degenerative dementia. A registry of case workers has been established and is used for referrals to families who request their services. A case manager overlooks the whole process and seeks to match the appropriate case worker with the suitable family.

Iowa - MH42393 - $122,720

Under a contract with the State Department of Human Services, the Community Mental Health Center of Linn County is providing outreach services for elderly mentally ill persons living in a rural area. They are seeking to identify individuals in need of services, cost effectiveness of programs and how well existing mental health services are alleviating the symptomatology and functioning of elderly mentally ill people.

Louisiana - MH42364 - $101,484

Black elderly mentally ill men and women are the focus of this mental health crisis project which is seeking to demonstrate effective approaches for coordinating and providing appropriate services for this target group. Their objectives include reducing institutionalizing of black elderly mentally ill persons in the Orleans Parish while increasing the fundamental skills of family members who function as caregivers for this population.

Maine - MH42371 - $99,349

The State Bureau of Mental Health and Area Agency on Aging (AAA) are collaborating their efforts to provide flexible purchasing of mental health services, a system of comprehensive care, and optimum services for elderly mentally ill persons. Case management and technical assistance services will be available to mental health agencies who want this service from the AAA. An evaluation of the program is planned.

Maryland - MH42412 - $105,314

Three agencies, the State Office of Aging, the Baltimore City Commission on Aging, and the Baltimore City Health Department, are working in cooperation with the Department of Health and Mental Hygiene to develop a model delivery system which will serve the elderly mentally ill who reside in city housing. The program provides psychiatric assessment, mental health treatment, case management and a variety of other services to this target population. If this demonstration is acceptable, it will be replicated for other housing sites.

Minnesota - MH42397 - $137,800

The State Department of Human Services has contracted with the Range Mental Health Center located in northwestern Minnesota to provide a network of care that includes mental health, aging, nursing, public health, medical services and social services for elderly mentally ill persons who reside in this rural area. In-service training will be offered to agency personnel who are most likely to come in contact with the target group. An evaluation of the program is planned.

New Hampshire - MH42406 - $134,036

The State Division of Mental Health and Developmental Services and the Dartmouth Medical School are working in collaboration to provide services for a high risk elderly population with behavioral difficulties, severe, disabling mental illnesses and Alzheimer's disease. Services will focus on three components of a model program: individual assessment and treatment planning, case management and supported referral.

New Mexico - MH42386 - $95,740

Three pilot programs - two that are funded by this demonstration grant and the other by the State - are seeking to develop mental health delivery system changes that will provide better services for elderly mentally ill Native Americans and Hispanics in Santa Fe and Sandoval Counties. Community education, community-based Advisory Boards, outreach services and primary medical care will form the core of their programs.

New York - MH42443 - $114,363

The New York State Research Foundation has contracted with the Project Rescue to provide an elderly at-risk population with services that include nutritional, health care, work programs, housing, and entitlement needs. Located in the Bowery, the program seeks to reach older adults who have a record of serious mental illness and are homeless.

Ohio - MH42367 - $97,800

The State Department of Mental Health has contracted with Chums and Choices, a self-help program that seeks to generate volunteer support for mentally disabled older adults by being a helper, friend and advocate to them. The volunteers have endeavored to bring the senior mental health consumers back into the community and help them to access services that are appropriate to their needs. To achieve this end, the human services system has encouraged the coordination and collaboration of the community's resources.

Virginia - MH42351 - $104,437

The locale of "Project Reach" is the city of Richmond. Professionals, paraprofessionals, and volunteers from public and private agencies provide outreach services for elderly persons who are at risk of being hospitalized. Mobile teams consisting of a psychiatric nurse, psychiatric social worker, peer counselor/volunteer and an on-call geriatric psychiatrist have received orientation and training for their prospective working duties. A public education campaign was mounted in the community to identify the target population. Training was given to the peer counselors on how to handle inappropriate behavior and other pertinent mental health issues.

Washington - MH42401 - $120,000

The State Mental Health Division contracted with the Community Home Health Care (CHHC), a private agency, to implement this program. The staff of CHHC has been working with Seattle elderly people who have a record of mental illness and who live in public housing apartments. It is the aim of CHHC to identify the at-risk population and refer them to the appropriate mental health, health, or social service system. They also provide training for public housing managers and their staffs to assist them on how to deal with day-to-day problems of elderly residents.

Wisconsin - MH42352 - $184,332

The Mental Health Center of Dane County in Madison received a contract from the State Office of Mental Health to administer this project. Mobile Outreach to Seniors Team (MOST) has been designed to improve mental health services for older adults whose mental illness markedly handicaps their functional ability. Non-hospitalized persons, 55 years and over, and their families and support system are the targets of MOST. Aggressive community-based outreach has been the major method used to identify this high risk population. In addition, MOST offers thorough assessment, and if necessary, intervention, to assist these people. This service is not only accessible to people in the city; MOST reaches out to the suburbs and rural areas as well.

North Carolina - MH42366 - $103,400

Under a contract with the State Department of Human Resources the Senior Adult Growth and Enrichment (SAGE) Program of the Alamance-Casewell Area Mental Health Center provides outreach, counseling, education and in-home services to senior citizens, care givers, and service providers in the two county catchment area. The program is designed to increased independence, to promote well-being, and to support older people in the community.

A community support day program serves up to 32 older adults with acute and chronic mental illness for five hours a day, five days a week. Service include group therapy, case management, volunteer work opportunities, education, socialization, and recreation.

Division of Basic Research

- o New Initiatives
- o List of Active Research Projects
- o Highlights of Research Findings

## AGING

### NEW INITIATIVES

In FY 1988 the NIAAA funded a new Alcohol Research Center at the University of Michigan, Ann Arbor to study the effects of alcohol on the Elderly. The overall purpose of this Center, under the direction of Dr. John F. Greden, Chairman of the Department of Psychiatry, is to develop strategies for early diagnosis and treatment of alcoholism in older individuals and to determine how alcohol interacts with the normal processes of aging to produce central nervous system (CNS) abnormalities. The Center consists of a Core and six major research components. The Core and two of the components focus on improved screening and treatment referral. The other four research components focus on the evaluation of CNS effects of aging and aging-alcohol abuse interactions. These projects will investigate neurobiological interactions of alcohol with the aging processes by assessing neuroendocrine, immune, and CNS functions in normal and alcohol-dependent elderly individuals.

The Alcohol Research Center held an all day symposium at its inaugural ceremony on September 14, 1988. The symposium consisted of presentations of significant research by leading scientists in the alcohol/gerontology field.

The Institute also funded a research grant to Princeton University to study the effects of fetal alcohol exposure to ethanol on aging and longevity. A rodent model will be used to determine whether fetal alcohol effects include generalized accelerated aging of specific neural and/or behavioral systems.

Staff will continue to stimulate basic research applications in the area of aging and alcohol.

## LIST OF ACTIVE RESEARCH PROJECTS

Principal Investigator: Begleiter, Henri
Institution: Health Science Center at Brooklyn, New York, New York
Title of Project: Brain Dysfunction and Alcoholism
Project Period: 8/79 - 2/88
FY 1987 Award: $202,032

Diagnostic profiles of brain dysfunction are being developed using large numbers of normal control subjects and alcoholics. By measuring electrical potentials of brain activity while the patient is listening to sounds or looking at various patterns, the investigator is deriving scores to determine if a patient's deficit is due solely to alcoholism or if it is age-related.

Principal Investigator: Berman, Marlene
Institution: Boston University School of Medicine, Boston, MA
Title of Project: Affective and Cognitive Changes in Alcoholism
Project Period: 7/87 - 6/90
FY 1987 Award: $175,235

This investigator is examining the nature and extent of emotional and motivational changes in chronic alcoholics, with and without the amnesia of Korsakoff's disease. If age-related brain changes are similar to alcohol-induced changes, behavioral similarities would be observed in both alcoholics and older non-alcoholics. However, if the brain changes observed are different, behavioral differences should be apparent between the alcoholic and geriatric non-alcoholic.

Principal Investigator: Ellis, Ronald
Institution: Boston University School of Medicine, Boston, MA
Title of Project: Cerebral Laterality in Aging Alcoholics
Project Period: 11/87 - 10/88
FY 1987 Award: $9,552

In order to study the neurobehavioral decline associated with chronic alcoholism, this investigator is trying to determine if certain cerebral dominance patterns are different for alcoholics and if so, how they differ from a non-alcoholic group of the same age and a brain-damaged group of the same age. Results from well designed, controlled studies such as this one will provide insight into the "premature aging hypothesis".

Principal Investigator: Erickson, Carlton
Institution: University of Texas, Austin, Texas
Title of Project: Ethanol and Aging: Cholinergic Relationships
Project Period: 6/86 - 5/90
FY 1987 Award: $131,083

This group of investigators is studying whether alcohol affects the body chemicals involved in the transmission of impulses between nerve cells as they relate to the aging process. Measurements will be obtained on changes in central nervous system sensitivity, tolerance, physical dependence, blood alcohol levels and pathology in an animal model at four different ages.

Principal Investigator: Gavaler, Judith
Institution: University of Pittsburgh
Title of Project: Alcohol Effects in Menopausal Women
Project Period: 9/85 - 8/89
FY 1987 Award: $129,144

The effect of alcoholic beverage consumption on endocrine function in postmenopausal women (PMP) is the main focus of this project. Because alcohol has been shown to increase the conversion of androgens to estrogens, it is hypothesized that alcohol use by women may also affect their serum level of androgens and estrogens. Variables that influence estrogen levels in PMP are especially important because the risk of such diseases as osteoporosis, cardiovascular disease and cancers of the breast and uterus increases with estrogenization.

**Principal Investigator: Glynn, Robert J.**
**Institution: Harvard School of Dental Medicine**
**Title of Project: Alcohol Consumption Behavior and Cardiovascular Disease**
**Project Period: 1/85 - 12/88**
**FY 1987 Award: $99,330**

**The extent to which the development of cardiovascular disease leads men to moderate their drinking behavior is unknown. This project studies the relative impact of cardiovascular disease on changes in drinking behaviors, compared to the impact of retirement, bereavement and divorce in 1500 men over age 40 who are participants in the Normative Aging Study. Multivariate techniques for survival analysis is performed to assess the relationship of specific drinking behavior (assessed in 1973 in the same population) to the subsequent development of hypertension, angina pectoris, nonfatal myocardial infarction, cerebrovascular disease, coronary death and all cause mortality.**

Principal Investigator: **Heineman, Allen**
Institution: Rehabilitation Institute of Chicago
Title of Project: Alcohol Use and Spinal Cord Injury Outcome
Project Period: 3/87 - 2/90
FY 1987 Award: $126,118

The goal of this project is to study the natural history of alcohol use following spinal cord trauma. Association between rehabilitation outcome and alcohol use in persons with recent spinal cord injuries is also examined. One of the questions addressed in the project is whether subject age has effects on drinking behavior before and after injury and on various aspects of rehabilitation after spinal cord trauma.

Principal Investigator: Patel, D.G.
Institution: University of Cincinnati Medical Center
Title of Project: Effects of Ethanol on Carbohydrate Metabolism in Aging
Project Period: 2/87 - 8/89
FY 1987 Award: $120,449

This project is investigating the influence of chronic alcohol consumption on glucose homeostasis in aged rats. Studies suggest that both ethanol and the aging process exhibit diabetogenic effects on glucose metabolism, but the interaction and related mechanisms have not been studied previously. Aging populations may be especially vulnerable to the clinical problems that can arise from changes in glucose homeostasis related to alcoholism.

Principal Investigator: Pentney, Roberta J.
Institution: State University of New York at Buffalo, Buffalo, New York
Title of Project: Dendritic Parameters: Age and Ethanol Effects
Project Period: 4/83 - 8/89
FY 1987 Award: $103,789

The purpose of this research is to study the combined effects of normal aging processes and long-term alcohol consumption on the cellular structure of certain cells in the brain, particularly the spine densities and the length of dendrite branches of the neuronal network which reflect the ability to transmit nerve impulses. The results will enhance our understanding of cognitive impairment caused by aging, alcohol abuse, the possible interaction of aging and alcohol consumption, and the development of more effective treatment strategies in the elderly.

Principal Investigator: Pfefferbaum, Adolf,
Institution: Stanford University, Stanford, California
Title of Project: CNS Deficits - Interactions of Age and Alcoholism
Project Period: 7/83 - 6/91
FY 1987 Award: $244,715

This research is designed to determine the extent of central nervous system (CNS) changes in alcoholics. Using groups of chronic alcoholics (age 25 - 65) and non-alcoholics, the investigators are attempting to relate their findings from tests of CNS function to amount of alcohol consumption, nutritional status, family history of alcoholism and the aging process.

Principal Investigator: Scrima, Lawrence
Institution: University of Arkansas
Title of Project: Risk of Sleep Hypoxia - Age/Weight/Alcohol Dependence
Project Period: 1/85 - 2/88
FY 1987 Award: $130,877

This project studies the effects of alcohol on breathing during sleep in obese and non-obese males with different sleep patterns (snorers and nonsnorers) depending on subject's age. Alcohol at various concentrations is administered to four age groups (30-39, 40-49, 50-59 and 60-69) to determine whether the effects of alcohol on hypoxic events during sleep are a function of aging.

Principal Investigator: Spirduso, Waneen
Institution: University of Texas, Austin, Texas
Title of Project: Ethanol, Aging and a Model of Reaction Time
Project Period: 8/85 - 7/88
FY 1987 Award: $98,156

This investigator has developed a sensitive animal model to study the combined effect of aging and alcohol consumption as factors in slowing reaction time. Measurement of withdrawal behavior on four different age groups will provide information on the effects of alcohol consumption in the performance of such tasks as driving a car or operating heavy machinery.

Principal Investigator: Sun, Albert Y.
Institution: University of Missouri, Columbia, Missouri
Title of Project: Alcohol-Membrane Interaction on the Brain: Aging Effect
Project Period: 7/82 - 6/89
FY 1987 Award: $160,782

The main objective of this study is to test the hypothesis that both aging and alcohol intake can cause deterioration of brain cell membranes and that alcohol can accelerate the brain aging process by altering neural membrane physical and chemical properties. Experiments are designed to evaluate correlations between aging and membrane changes associated with short-term alcohol intoxication and long-term alcohol tolerance.

Principal Investigator: York, James L.
Institution: Research Institute on Alcoholism, Buffalo, New York
Title of Project: Aging and Musculo-Motor Consequences of Alcohol Abuse
Project Period: 4/87 - 3/90
FY 1987 Award: $134,044

The damaging effects of aging and alcohol abuse on selected aspects of muscle and motor function are being investigated in detoxified alcoholic men and women and in a non-alcoholic comparison group. This study will shed light on age-related patterns of alcohol abuse responsible for such impairment and the results may be important for determining the type of rehabilitation required for the individual alcoholic.

## HIGHLIGHTS OF RESEARCH FINDINGS

Chronic and excessive drinking is known to be associated with loss of brain tissue and neurophysiological deficits in alcoholics. It is not clear, however, whether there is a dose-response relationship between the morphological changes and lifetime alcohol consumption, whether the vulnerability of brain structures to ethanol increases with age and whether malnutrition contributes to these changes.

NIAAA grantee Dr. Adolf Pfefferbaum and co-workers at the Veterans Administration Medical Center, Palo Alto, California, have recently reported findings that begin to answer some of these important questions. The authors performed computerized tomographic (CT) brain scans and recorded lifetime alcohol consumption and body size data on 37 male alcoholics aged 26-62 who were detoxified in an inpatient alcohol rehabilitation program. In addition, measures assessing patients' nutritional status (hematocrit and mean corpuscular volume), liver function and cognitive performance were also obtained. The control group consisted of 57 healthy community members spanning the adult age range, none of whom had a history of heavy alcohol consumption. As a group the alcoholics had enlarged ventricles and sulci for their age as compared to the controls. The degree of enlargement at both sites closely correlated with the total amount of alcohol consumed over a lifetime. Different brain structures, however, varied in the time course of their response to alcohol exposure. Ventricular enlargement was observed only in older alcoholics and became increasingly pronounced with age. In contrast, enlargement of sulci was present also in younger patients indicating that cortex is less resilient to the neurotoxic effects of ethanol. In addition to alcohol consumption and age, ventricular enlargement also correlated with body size, hematocrit and mean corpuscular volume suggesting that nutritional factors may also contribute to the development of the brain ventricles enlargement revealed by CT. Results on the correlations between the CT changes or lifetime alcohol consumption and neuropsychological impairment, however, were inconclusive.

The results obtained by Dr. Pfefferbaum and co-workers demonstrate that chronic alcohol consumption has a dose-related damaging organic effect on brain and that different brain structures vary in their age-related responses to ethanol. Future research in this direction with attempts to achieve greater regional differentiation of the CT measures may help to reveal causal relationships between alcohol consumption, brain atrophy and impaired cognitive performance in chronic alcoholics.

Reference: Pfefferbaum, A., Rosenbloom, M., Crusan, K., and Jernigan, T.L. "Brain CT changes in alcoholics: Effects of age and alcohol consumption". Alcoholism. Clinical and Experimental Research, 12:81-87, 1988.

Division of Biometry and Epidemiology

- o List of Active Research Projects
- o Narrative

I. Active Research Projects

A/B Federal Interagency with multiple collaborating agencies
NCHS/NIA/NCI/NIMH/NHLBI/NIAAA etc.

C NHANES (National Health and Nutrition Examination Survey)
Epidemiologic Followup Study (NHEFS)

D Ongoing since 1980

E FY 87 level $53,000 from NIAAA

F The population of the initial Followup Study conducted from 1983-84 included the 14,407 persons who were aged 25-74 at the time they were examined in the original NHANES I Survey conducted by NCHS from 1971-1975. The ongoing Continued Followup is tracking the cohort as it enters extreme old age by conducting interviews with surviving participants and interviews with proxy respondents in the case of the deceased. Hospital and nursing home records and death certificates are being obtained as well. The primary purpose of this study is to investigate the relationships between physiological, environmental, nutritional, social, psychological, and demographic factors as they relate to morbidity and mortality from specific causes. The objectives of the study are: (1) identify chronic disease risk factors associated with morbidity, and mortality; (2) ascertain changes in risk factors, morbidity, functional limitation and institutionalization over the course of followup; and (3) map the natural history of chronic diseases in an aging population. Of particular interest is the examination of alcohol use as a risk factor in morbidity and mortality in the elderly. This is of extreme epidemiologic importance since this age group is the fastest growing segment of the U.S. population.

II. Narrative

A Until recently very little research has been done on alcohol use and abuse and alcohol-related morbidity and mortality among the elderly. Since this segment of the population is now the fastest growing in the US population, additional research clearly needs to be done on all aspects of these issues. Current and proposed research to be done using the NHANES Epidemiologic Followup Study (NHEFS) include examination of general trends in morbidity and mortality (all cause and specific causes) related to alcohol and tobacco use; lifetime drinking patterns among the current elderly and factors related to (or influencing) alcohol consumption. Also of interest is examination of one of the prevailing theories that individuals decrease alcohol consumption as they age.

B Current finding include basic descriptive information on drinking patterns for individuals 55 and older at baseline and reconfirmed already known relationships between alcohol consumption and liver disease and cigarette smoking and lung cancer. Also uncovered was a positive association between breast cancer and alcohol consumption in women. Another highlight of this research was the demonstration that decrease in alcohol consumption with age is a cohort phenomenon-that individuals really do not decrease alcohol consumption with age but rather maintain consistent patterns throughout mature life. Current elderly came of legal drinking age during Prohibition and so never really drank very much. As younger cohorts of drinkers age these patterns will change.

## Division of Clinical and Prevention Research

- List of Active Research Projects
- Narrative

**Principal Investigators:** Douglas C. Coate, Michael Grossman

**Institution:** National Bureau of Economic Research
New York

**Title of Project:** Alcohol Use and the Health of the Elderly (RO1 AA06769)

**Project Period:** 3/1/86 - 2/29/88

**1987 Funds:** $132,462

**Abstract:** High blood pressure, heart disease, kidney disease, infections, and respiratory problems are common to the elderly. This study seeks the extent to which alcohol use is implicated in their etiology and progress. National Health and Nutrition Examination Survey (NHANES) data for the U.S. population over a wide age spectrum will be analyzed.

**Principal Investigators:** Rudolph H. Moos, John Finney

**Institution:** Stanford University
Stanford, California

**Title of Project:** Problem Drinking and Life Stress Among Older Adults (RO1 AA06699)

**Project Period:** 8/1/85 - 7/31/90

**1987 Funds:** $250,051

**Abstract:** Implications for prevention and treatment will be drawn from identifying stressful events that result in increased drinking for an elderly population. The interview and questionnaires used will also identify responses that successfully reduce the risk for developing or resuming alcohol abuse.

**Principal Investigators:** Harold A. Mulford, Jerry L. Fitzgerald

**Institution:** University of Iowa
Iowa City, Iowa

**Title of Project:** Testing the Need for Elderly Problem Drinker Programs (RO1 AA06709)

**Project Period:** 6/1/86 - 5/31/89

**1987 Funds:** $147,818

**Abstract:** This study will determine whether elderly alcohol abuse is sufficiently different from abuse by younger persons to justify problem drinking programs specifically designed for the elderly. Younger and elderly problem drinking groups in existing programs will be compared on their clinical profiles, type of utilization of alcoholism treatment, and recovery rates.

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|---|---|
| Principal Investigator: | Rosalie H. Norem |
| Institution: | Iowa State University<br>Ames, Iowa |
| Title of Project: | A Life Cycle Approach to Alcohol Abuse Prevention and Treatment (R21 AA07743) |
| Project Period: | 5/88 - 4/89 |
| 1987 Funds: | $12,250 |

Abstract: This is a Developmental Grant to compare the relative effects of three treatment regimes on the families of alcoholics who have been treated in a detoxification and treatment program. The treatment regimes have been tested in a previous study with families of adolescents, and this project is the first step in a series of studies developing a life-cycle approach to prevention and treatment. The study will compare a family therapy model based on Strategic and Structural Family Therapy, a family group therapy model, and a didactic family group.

## II. Narrative

The many changes and losses in the later years are often said to precipitate emotional crises and strain, which in turn can lead to excessive consumption of alcohol. With this in mind, the Prevention Research Branch at NIAAA plans to develop and release in 1988 a program announcement focusing on the prevention of late life alcohol problems.

## CENTERS FOR DISEASE CONTROL

In 1988, the Centers for Disease Control (CDC) initiated activities benefiting older Americans in several areas and continued ongoing activities in numerous other areas affecting the elderly as part of our efforts to prevent disease, disability and premature death and improve the quality of life. CDC also conducted research involving unsafe unhealthy worksite exposures, many of which cause chronic diseases or conditions in older Americans.

### CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

A Public Health Service information resource available to the public—The Combined Health Information Database (CHID) continued to expand in FY 1988 to include a subfile of health promotion and education information on kidney and urologic diseases. CHID is a computerized bibliographic database that contains descriptions of health promotion and education programs and health information on arthritis and musculoskeletal diseases, diabetes, high blood pressure, digestive disease, and kidney and urologic diseases. Because of the nature of the subject areas, it is a valuable resource for health providers working with the elderly. CHID can be accessed through most library and information services or a subscription password is available through BRS Information Technologies, Inc. (Latham, NY, 1-800-345-4BRS) for parties interested in using CHID.

The Planned Approach to Community Health (PATCH) program conducted by CDC is a program of technical assistance to State and local health agencies. The program provides an epidemiologic framework for diagnosing community needs and implementing targeted interventions to reduce morbidity and mortality from the leading causes of death and disability. Among the intervention projects that have been undertaken by participating PATCH communities have been those specifically designed to protect older citizens. In Montgomery County, Ohio, for example, injuries related to falls and fires were found to be major cause of death and disability among the elderly. In response, education programs were initiated that included distribution of smoke detectors and non-slip bathtub strips to older citizens through senior citizens centers. In Reno County, Kansas, a "mall walk program" for senior citizens was initiated in response to a high prevalence of sedentary lifestyles.

Through the Association of Schools of Public Health, CDC has entered into a cooperative agreement with Yale University to identify determinants of physical activity among healthy older citizens. This study will explore physical activity among 1,350 elderly persons of varying socio-economic backgrounds in three metropolitan areas and identify the determinants of such activity. Results from the study will then be used to design programs for increasing levels of physical activity for older populations.

Although the incidence of cervical cancer has declined, 7,000 deaths occur each year, many of which could be prevented. From the National Health Interview Survey of Health Promotion and Disease Prevention in 1985, 73 percent of women have had a Pap smear in the previous 3 years. However, only 50 percent of women over 65 years of age had a Pap smear in the previous 3 years; 15 percent of women over 65 years of age have never had Pap smears. CDC has cooperative agreements with Kentucky, Illinois, and Georgia to identify barriers to Pap smear screening and to reduce the mortality due to cervical cancer. Interventions designed by these cooperative agreements will certainly be targeted to older women to improve the proportion who receive regular Pap smear screening. CDC has a cooperative agreement with Oklahoma and with the Navajo Indian Health Service Area to improve a Pap smear surveillance system and to design interventions based on a review of cervical cancer deaths.

Breast cancer is the major cause of cancer deaths in women and has been increasing 1 percent per year from 1975 to 1984. Incidence of breast cancer begins to rise at age 30 and rises dramatically with age, reaching the highest rates in women over 65 years of age. The current American Cancer Society recommendation for early detection of breast cancer is a baseline mammogram for women 35-39 years of age, screening mammograms every 1-2 years for women 40-49, and screening mammograms annually for women 50 and older. The American Cancer Society conducted a survey in 1983 that demonstrated only 41 percent of women 50 years of age and older have ever had a mammagram; only 15 percent of women have them annually. CDC has a cooperative agreement with (1) Rhode Island to evaluate their breast cancer screening program, which promotes low-cost screening mammograms for women over 40 years of age, (2) Maine to develop a comprehensive screening program that includes quality assurance and education for women and medical care providers, and (3) Colorado to develop a computerized system to ensure women's receiving regular screening mammograms and prompt diagnosis and treatment after abnormal mammograms. These programs will target older women who have the higest incidence and mortality from breast cancer.

Musculoskeletal diseases are the most prevalent chronic diseases, affecting approximately 37 million persons in the United States. From NHANES I, 40 percent of persons 65 years and older have symptomatic musculoskeletal diseases and 60 percent have clinical evidence of disease. CDC has a variety of projects in this area. Medicare hospitalization data were used to describe an unexpected north to south gradient in hip fracture hospitalization rates. An investigation of connective tissue diseases in south Georga yielded preliminary evidence of an association with hair dyes. A 5-year followup study of serum predictors for early onset postmenopausal osteoporosis has been started in 300 perimenopausal women. Swedish data are being analyzed to describe trends in hip fracture hospitalization rates from 1965–83 and to determine hip fracture rates as a measure of osteoporosis in women with breast cancer. (Estrogen-dependent cancers may reduce osteoporosis.)

Chronic neurological diseases, conditions common among the elderly, rank high in measures of morbidity, disability, family stress, and economic burden. For example, the costs exclusively due to dementias alone were estimated at $24–48 billion in 1985, and will increase as the population ages. However, the epidemiology of these conditions is poorly understood, so CDC has begun analyzing existing data sets and exploring the value of gathering new data on these problems. NCHS multiple cause-of-death data have been used to estimate the reported prevalence at death and describe the epidemiology of Alzheimer's disease, Parkinson's disease, amyotrophic lateral sclerosis, and multiple sclerosis from 1968–85. Medicare hospitalization data were examined for information on dementing illnesses, but found to be a poor source of data for these conditions. CDC has signed a cooperative agreement with the South Carolina Registry for Dementing Illnesses to explore methodological issues in acquiring new information for the dementias.

Through the Community Chronic Disease Prevention Program, CDC has provided assistance to three State health departments to build their capacity for designing, organizing, implementing, and evaluating behavior-based intevention activities in specific communities.

Diabetes is also a major contributor to morbidity and mortality among persons over 65. It affects 8 percent of persons over 65, and 60 percent of those individuals are hospitalized every year. One quarter of all patients initiating costly end-stage renal disease treatment have diabetes, and 20 percent are over 65. Half of all amputations occur in people with diabetes, and 60 percent are over 65. Almost half of the persons with diabetes who become blind are over 65. During 1988, CDC has focused its efforts on the prevention of three major complications of diabetes which affect people over 65. They include blindness, amputations, and hypertension. Thirty States and territories were provided funding to address these complications. Increased emphasis on these conditions will continue to Fiscal Year 1989. Attention to the major contributors of cardiovascular disease, which accounts for 75 percent of all deaths among persons with diabetes over 65, will continue. The program continues to build consensus of effective control strategies and translating effective techniques into community practice.

## CENTER FOR ENVIRONMENTAL HEALTH AND INJURY CONTROL

During 1988, CDC continued efforts to prevent injuries among the elderly. Injuries among the elderly are a major public health concern in terms of death, disability, and health care costs. Persons 65 years of age and over constitute about 11 percent of the U.S. population, but they account for about 45 percent of all unintentional home injury deaths. CDC has continued to develop and implement research and program efforts to reduce this toll on older Americans. Notable among these efforts has been the initiation of a landmark research project entitled "Epidemiologic Study of Injuries Among the Elderly—Project SAFE" (study to assess fall injuries among the elderly). This study, undertaken in collaboration with the Dade County, Florida Department of Public Health, is identifying those factors that contribute to injuries among the elderly, will develop and test interventions, and develop prevention models for use by health agencies nationwide. The role of environmental hazards and other risk factors and the potential protective effect of estrogen replacement therapy are the principal areas of investigation. Estrogen replacement therapy may mitigate the effects of osteoporosis which is associated with falls and hip and wrist fractures in the elderly.

Other collaborations have been initiated with both the Philadelphia Health Department and the Indian Health Service to target injuries among inner-city Blacks and Native Americans. The special needs and risks of the elderly among these high-risk populations are being addressed by these programs.

CDC participated in the Surgeon General's Task Force for Health Promotion and the Aging. Recommendations in the area of education, service, research, and policy were made by working groups on Alcohol, Dental Health, Physical Fitness and Exercise, Injury Prevention, Medications, Mental Health, Nutrition, Preventive Health Services, and Smoking Cessation.

CDC led the workgroup on injury control for the Surgeon General's Task Force for Health Promotion and the Aging. Efforts in this arena are directed to public policy development and prioritizing research recommendations for the prevention of injuries among the elderly. Followup activities are being planned. Following a collaboratively sponsored "Workshop on Reducing Frailty and Fall-Related Injuries in Older Persons," CDC and the National Institute of Aging are developing joint activities to reduce this health problem.

## CENTER FOR INFECTIOUS DISEASE

In efforts directed towards facilities, CDC is working to define risk factors for the prevention and control of institutionally-acquired infections in skilled nursing facilities. Data collection for infections and infection control programs in skilled nursing facilities is completed and analysis is underway. The purpose of the study is to improve the prevention of nosocomial infections in skilled nursing homes by identifying infections in skilled nursing homes, associated risk factors and characterizing infection control programs in these facilities. A training course, "Infection Control in Small Hospitals and Extended Care Facilities," is offered two times each year by the training and laboratory Program Office in collaboration with the Hospital Infections Program.

## CENTER FOR PREVENTION SERVICES

CDC is continuing its efforts to make adults aware of the need to be immunized against the vaccine preventable diseases of pneumococcal pneumonia, influenza, tetanus, diphtheria, hepatitis B, measles and rubella. CDC, through a contract, developed and evaluated an intervention system that included audiovisual materials and a handbook aimed at assisting local and State health departments to promote immunization of adults in the community. In addition, in collaboration with State and local health agencies, CDC distributed approximately 20,000 copies of a manual describing ways to improve the administration of influenza vaccination programs in nursing homes.

CDC featured the adult immunization theme as part of the 22nd National Immunization Conference held in San Antonio, Texas in June 1988. A number of presentations and workshops were held and over 450 participants attended. The proceedings and workshop findings will be published and distributed in 1989.

A cooperative agreement continues in effect with an HMO trade organization to measure vaccine use and develop procedures to increase acceptance of adult vaccines by HMO subscribers.

CDC is continuing its participation with a coalition of over 50 public and private organizations to promote National Adult Immunization Awareness Week during the last week of October each year. The National Coalition for Adult Immunization (NCAI) was formed during 1988 and includes the National Foundation for Infectious Diseases, the American College of Physicians, the American Public Health Association, and the Centers for Disease Control as a steering committee. The NCAI will coordinate the development and distribution of media kits, public service announcements, and other public and professional information and educational materials designed to reach adults and health-care providers in order to raise the level of awareness.

CDC is assisting State and local health systems in expanding immunization program coverage of adult populations through the promotion of Recommendations of the Immunization Practices Advisory Committee (ACIP) of Adult Immunization, Morbidity and Mortality Weekly Report, and technical consultations. In 1988, CDC distributed information and education materials developed under contracts to State health agencies and other organizations to reach specific adult target populations. In addition, an adult slide presentation was developed by CDC and has been distributed to State and local immunization programs to assist them in making presentations to the lay and professional public.

CDC and the Health Care Financing Administration are jointly conducting a demonstration project to determine if it is cost effective for Medicare to cover the use of influenza vaccine. This project involves the provision and administration of influenza vaccine. This project involves the provisio and administration of influenza vaccine to Medicare part B recipients in nine selected sites. The demonstration project will last between 2 and 4 years. If the project successfully demonstrates cost effectiveness, the coverage will become a routine covered expense under the Medicare part B program.

CDC continues to be involved in the planning and implementation of the National Vaccine Program, and has included adult immunization as one of the major components of this program. Efforts continue to be made to measure the cost and effects of adult immunization in selected target populations and these efforts will be continued in 1989.

Tuberculosis among the elderly, and especially nursing home residents, is an important problem. In 1987, there were 22,517 cases of tuberculosis reported to the Centers for Disease Control (CDC), including 6,150 (27 percent) in persons 65 years of age or older. The case rate for persons of all ages was 9.3 per 100,000 population, while it was 20.6 per 100,000 for persons age 65 or older. Studies conducted by William Stead, M.D., of Arkansas have contributed to the understanding of tuberculosis infection and disease among persons in nursing homes and other institutions for the elderly. In the period 1981-83, the incidence rate of tuberculosis in nursing homes in Arkansas was 234 per 100,000—four times higher than the rate for persons over 65 residing at home. Studies of tuberculosis outbreaks indicate that much of the disease among nursing home residents in Arkansas is a result of new transmission, and not reactivation of previously acquired infection as had been suspected.

To better control the tuberculosis problem in the elderly, CDC and the American Thoracic Society (ATS) have recommended that nursing home residents be screened for tuberculosis upon admission and that employees be screened upon employment and periodically thereafter. Treatment with isoniazid to prevent tuberculosis disease is recommended for persons at high risk of tuberculosis, such as newly infected (recent skin test coverters) residents of nursing homers. CDC is currently conducting a study which will lead to a better understanding of the extent of the tuberculosis problem in nursing homes and will provide data on which additional CDC/ATS surveillance recommendations can be based.

## National Center for Health Statistics

The National Center for Health Statistics (NCHS), the Federal Government's principal health statistics agency, became a Center within the Centers for Disease Control in 1987. The NCHS data systems address the full spectrum of concerns in the health field from birth to death, including overall health status, life style, the onset and diagnosis of illness and disability, and the use of health care.

The Center maintains over a dozen surveys that collect health information through personal interviews; physical examination and laboratory testing; review of hospital, nursing home, and physician records; and other means. These data systems, and the analysis and reports that follow, are designed to provide information useful to a variety of policy makers and researchers. NCHS frequently responds to requests for special analyses of data that have already been collected and solicits broad input from the health community in the design and development of its surveys.

Since most of the data systems maintained by NCHS encompass all age groups in the population, a broad range of data on the aging of the population and the resulting impact on health status and the use of health care are produced. For example, NCHS data have documented the continuing rise in life expectancy and trends in mortality that are essential to making population projections. Surveys examine the use of health services by the elderly, including hospitals, nursing homes and physicians' offices. Data are collected on the extent and nature of disability and impairment, limitations on functional ability, and the use of special aids.

In addition to NCHS surveys of the overall population that produce information about the health of the aged, a number of activities provide special emphasis on the aging.

### INTERNATIONAL COLLABORATIVE EFFORT ON MEASURING THE HEALTH AND HEALTH CARE OF THE AGING

NCHS launched the International Collaborative Effort on Measuring the Health and Health Care of the Aging (abbreviated as the ICE on Aging) in 1988. The purpose of the ICE on Aging is to join with international experts in conducting research to improve the measurement of health and health care of the aging. Research results will be applied to the Center's programs to strengthen the collection, analyses and dissemination of data on aging. The international emphasis of the research permits the exchange of multiple perspectives, approaches and insights among nations facing similar situations and challenges. Results of this collaborative effort can provide greater opportunities for comparisons and linkages of health data on aging among nations. Results will be disseminated widely to encourage their international application. International researchers participating in the ICE on Aging are from Australia, France, Hong Kong, Hungary, Israel, Italy, Japan, the Netherlands, Switzerland, and the United Kingdom. An International Symposium on Data on Aging was held in 1988 to develop research proposals in the following areas: comparison of diagnoses, chronic conditions, functional disability, vitality, health promotion and outcomes of long-term care. Selection of feasible research proposals will be made in early 1989, and research activities initiated.

### FEDERAL FORUM ON AGING-RELATED STATISTICS

The NCHS, in conjunction with the National Institute on Aging and the Bureau of the Census, co-chairs the Federal Interagency Forum on Aging-Related Statistics. The Forum encourages communication and cooperation among Federal agencies in the collection, analysis, and dissemination of data on the older population. The Forum consists of over twenty Federal agencies that produce or analyze data on the aging population. The Forum has three standing committees; (1) Data Needs and Analytic Issues; (2) Methodological Issues; and (3) Data Presentation and Dissemination. The NCHS provides the staff support for the Standing Committee on Data Needs and Analytic Issues. In 1988, the Forum released a Telephone Contact List of experts in various aspects of aging and an Inventory of Data on the Oldest-Old Population. In 1989, the Forum plans to update these publications, prepare a report of guidelines for users of data on functional limitations, and respond to the major, cross-cutting recommendations in the report on Statistics for Health Policy for An Aging Population.

### NATIONAL MORTALITY FOLLOWBACK SURVEY

During 1986, data collection began for the National Mortality Followback Survey, the first such survey in 18 years. The followback survey broadens the information available on the characteristics of mortality among the population of the United States from the routine vital statistics system by making inquiry of the next of kin of a sample of decedents. Because two-thirds of all deaths in the Nation in a year occur at age 65 or older, the 1986 survey focuses on the study of health and social care provided to older decedents in the last year of life. This is a period of great concern for the individual, the family and community agencies. It is also a period of large expenditures. Agency program planning and national policy development on such issues as hospice care and home care can be enlightened by the data from the Survey. A public use data tape from the next-of-kin questionnaire was released in 1988. A second tape, combining data from the next-of-kin and hospitals and other health facilities, will be available in 1989.

### NATIONAL NURSING HOME SURVEY

During 1985, NCHS conducted the National Nursing Home Survey (NNHS) to provide valuable information about older persons in nursing homes. The NNHS was first conducted in 1973–74 and again in 1977.

Preliminary data from the 1985 survey were published in 1987 about nursing home characteristics, utilization, and discharges. A report presenting preliminary data about registered nurses was published in the spring of 1988. A summary report which will integrate final data from the various components will be published in 1989. Other analytical reports on topics such as diagnostic related groups; reasons for admission; detailed characteristics of facilities, registered nurses, residents and discharges are scheduled for publication during 1989 and 1990. Computer tapes will be available through the National Technical Information Service for public distribution in 1989.

### NATIONAL NURSING HOME SURVEY FOLLOWUP

The National Nursing Home Survey Followup (NNHSF) is a longitudinal study which follows the cohort of current residents and discharged residents sampled from the 1985 NNHS described above. The NNHSF builds on the data collected for the 1985 NNHS be extending the period of observation by approximately 3 years. The Followup consists of two waves of data collection. Wave I was conducted from August through November 1987. Wave II began in July 1988 and is currently underway. Public use data tapes for Waves I and II will be available in 1989. The study is a collaborative project between NCHS, HHS and the National Institute on Aging

(NIA). The Followup was funded primarily by NIA and was developed and conducted by NCHS.

The NNHSF interviews were conducted using a Computer Assisted Telephone Interview system. Questions concerning vital status, nursing home and hospital utilization since the last contact, current living arragements, Medicare number, and source of payment were asked. Respondents included subjects, proxies, and staff of nursing homes.

The NNHSF will provide data on the flow of persons in and out of long term care facilities and hospitals. These utilization profiles will also be examined in relation to information on the resident, the nursing home and the community.

## LONGITUDINAL STUDY ON AGING

In 1984 a large supplement, the Supplement on Aging, was added to the National Health Interview Survey. The Supplement on Aging was used to obtain information about 16,148 people age 55 and over living in the community. The focus was on: housing including barriers and ownership; support including number and nearness of living children and recent contacts in the community; retirement including reasons for retirment and sources of retirement income; and on measures of disability including Activities of Daily Living, Instrumental Activities of Daily Living, and ability to perform work-related activities.

The 1984 Supplement on Aging was designed to be the basis of prospective studies. The first of these is the Longitudinal Study on Aging (LSOA), a collaborative project of the National Institute on Aging and the NCHS. The first version of the public-use data file was released in July 1987. This file contains information for 1984 from the National Health Interview Survey basic questionnaire, the Supplement on Aging, and the Health Insurance Supplement; information from the 1986 re-interview; and the National Death Index (NDI) match information for 1984 and 1985. It also contains a description of the study and the questionnaires. It is available from the Division of Health Interview Statistics and the National Archives of Computerized Data on Aging.

Version 2 of the LSOA file was released in 1988. All data on version 1 of the person file (the 1987 release) are retained without change. Additional data on the person file included: results of the 1986 NDI match, results of the decedent followback survey, coding of the reasons for moves and whether moves were across State lines, and indicators for matches with HCFA files.

Two additional files have been added in the 1988 release. One is the Medicare Part A match. There is one record for each hospitalization from 1984 through 1987. The other is the Medicare Part A and B match for nonhospital use. It contains indicators for each year on whether the individual has used one of four out-of-hospital services.

Also, the participants in the 1984 survey who were age 70 and over in 1984 are being interviewed again in 1988 using Computer-Assisted Telephone Interviewing and mail followup. Data from this interview will be on the Version 3 release in 1989.

## DATA FOR ANALYSIS OF SECULAR TRENDS

From 1969 through 1981 the procedures and questions for the basic questionnaire of the National Health Interview Survey remained relatively constant. The National Institute on Aging and NCHS have taken advantage of this long series of repeated questions to develop a historical file for the analysis of secular trends. This public-use file is a unique resource for looking at secular change or investigating the health status of older persons when they were younger. It is available through the Division of Health Interview Statistics and the National Archive of Computerized Data on Aging. The descriptions of the procedures and the questionnaires have been published by the National Center for Health Statistics in *Vital and Health Statistics* Series 1 No. 11 (Health Interview Survey Design, 1973-84, and Procedures 1975-83). Questionnaires and basic data have also been published in *Vital and Health Statistics* Series 10 (Current Estimates).

## NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY III

The National Health and Nutrition Examination Survey (NHANES) provides valuable information available only through direct physical examinations of a probability sample of the population. The third cycle of this survey, NHANES III, went into the field in 1988. NHANES III will provide a unique data base for older persons, as a number of important methodologic changes have been made in the survey structure. There is no upper age limit (previous surveys had an age limit of 74 years), and the sample will be selected to include approximately 1,300 persons aged 80 or older. The focus of the survey includes many of the major chronic diseases of aging which cause morbidity and mortality including cardiovascular disease, osteoarthritis, osteoporosis, pulmonary disease, dental disease, and diabetes.

In addition to the focus on nutrition, information on social, cognitive, and physical function is incorporated into the survey. A Home Examination will be available for those unable or unwilling to come to the central examination site, the Mobile Examination Center. It is planned that longitudinal followup of persons in the survey will be accomplished (including links to administrative records such as Medicare information and the National Death Index) and a specimen bank will be established. Activities in 1987–88 have included piloting of interview and examination materials, convening a panel of experts to advise on nonresponse issues for older persons, redesign of materials targeted to older persons, and the commencement of the survey.

### NHANES I EPIDEMIOLOGIC FOLLOWUP SURVEY

The first NHANES, called NHANES I, was conducted in the period 1971–75. The NHANES I Epidemiologic Followup Survey, conducted by NCHS over the last several years, tracks and reinterviews the more than 14,000 persons examined as part of the NHANES I study. It focuses on those factors measured in the earlier survey and relates them to current health conditions, functioning and mortality. While persons examined in NHANES I were all under age 75, by 1986 more than 2,000 of these individuals were over 75, providing a valuable study group to examine the aging process. The elderly persons in this study were interviewed in 1986 and again in 1987 to further study mortality, institutionalization, health status, and functioning. Future plans include monitoring the deaths in this population.

### STATISTICS FOR HEALTH POLICY

NCHS has taken a leading role in a jointly sponsored project being conducted by the Committee on National Statistics of the National Academy of Science. The project examines the adequacy of current statistics and identifies activities to increase the relevance of health statistics for policy analysis of issues related to an aging society. This project was jointly sponsored by NCHS, the Health Care Financing Administration, the National Institute on Aging, the National Institute of Mental Health, the Office of the Assistant Secretary for Planning and Evaluation, the Social Security Administration (all of the Department of Health and Human Services) as well as the Veterans Administration. A final report, *The Aging Population in the Twenty-First Century: Statistics for Health Policy,* was published in 1988. A volume of background papers for the project will be published in 1989.

### IMPROVING QUESTIONS ON FUNCTIONAL LIMITATIONS

The Questionnaire Design Laboratory of NCHS is currently conducting cognitive interviews with old (65–70) and oldest (80+) respondents. The objective is to test the adequacy of existing survey questions for collecting information on functional limitations (e.g., limitations in bathing, dressing, walking, etc.). Further cognitive laboratory experiments are anticipated in 1989 to improve the "functional limitation" survey questions for the "old" and "oldest" respondents.

### TRAINING AND LABORATORY PROGRAM OFFICE

A variety of programs which address the health problems of older Americans are being conducted by the three CDC-funded Prevention Centers at the schools of public health at the University of Washington, the University of North Carolina, and the University of Texas at Houston. The University of Washington Prevention Center, in particular, is focusing on the health of older Americans and has as its theme "Health Promotion and Disease Prevention in the Elderly." One of its major projects is a health promotion program for the elderly designed to reduce their need for health care and their days of restricted activity. The project's goals are to increase physical activity, reduce excessive use of prescription drugs and alcohol, and detect and correct visual and hearing deficits. As an additional benefit, the onset or the progression of some chronic diseases should be prevented or delayed for this group. This is a model program for the delivery of preventive health service directed at specific risk factors in a defined population group. The University of Washington Prevention Center is also studying methodologies for health risk assessment and is conducting a case-control study of hip fractures in the elderly. Among the activities of the University of North Carolina Prevention Center and the University of Texas Prevention Center are programs addressing cardiovascular disease, cancer, injury prevention, and diet and nutrition.

## HEALTH RESOURCES AND SERVICES ADMINISTRATION

The Health Resources and Services Administration (HRSA) provides leadership and direction to programs and activities designed to improve health services and resources for people at all levels of society in the United States. As part of the Public Health Service, HRSA has leadership responsibility for general health service and resource issues relating to access, equity, quality and cost of care. These responsibilities are carried out by the Bureau of Health Professions, Bureau of Health Care Delivery and Assistance, Bureau of Maternal and Child Health and Resources Development and components of the Office of the Administrator.

HRSA pursues its objectives by supporting States and communities in their efforts to plan, organize and deliver health care, especially to underserved area residents, migrant workers, mothers and children, the elderly, and other groups with special needs; providing direct, personal health services for Hansen's Disease patients and other designated beneficiaries; providing leadership to improve the education, distribution, supply, use, and quality of the Nation's health personnel; supporting efforts to integrate health services delivery programs with public and private health financing programs; improving the use of health resources; providing technical assistance for modernizing or replacing health care facilities; administering the organ transplant program; and supporing AIDS demonstration projects.

HRSA is concerned about training our Nation's professionals to provide care for today's older individuals and individuals who will be old in the future. The Agency provides services to underserved older Americans, such as those who live in rural areas and those with low incomes. One-third of older Americans live in rural areas and 3.3 million elderly are poor.

Three HRSA components significantly influence programs and activities that benefit the elderly, while the HRSA Committee on Aging-Related Issues serves as the focal point within the Agency.

### HRSA Committee on Aging-Related Issues

The rapidly expanding population is of particular importance to HRSA because of the implications concerning general health service and resource issues as they relate to access, equity, quality and cost of care. The Committee, with representatives from all Bureaus and the Office of the Administrator, is charged with broad-based responsibilities, including providing advice to the Administrator, improving the awareness of all HRSA employeees concerning aging-related issues, providing a forum within the Agency for sharing information, and developing a plan to increase the relevance and accessibility of HRSA programs to the aging. In 1988 the Committee developed a "Profile of Programs and Activities of the Health Resources and Services Administration that Benefit Older Americans."

The Committee also assumes responsibility for the annual celebration of Older Americans Month. In 1988, the 2-day celebration included: a Colloquim presentation on "Caring for the Elderly Disabled: Who Will Pay?"; an art exhibit, "The Joy of Creativity," featuring original work by older adults and photographs and posters about older adults; the signing of a Memorandum of Understanding between the Administration on Aging and HRSA; and the opening of The Older Adult Resource Center.

The Older Adult Resource Center is visited frequently by employees of HRSA and other Agencies. It is designed to provide information to those employees caring for older relatives or friends and to stimulate a greater appreciation of our rapidly growing older population by enhancing the knowledge of all employees about aging-related issues.

Members of the Committee work closely with other Federal agencies and the private sector. They are engaged in a variety of interagency activities, such as the Forum on Aging-Related Statistics and the Ad Hoc Interagency Committee on Agency-Related Research. They are also involved in the development of health promotion objectives for the Year 2000 and the implementation of the recommendations of the Surgeon General's Workshop on Aging.

### Bureau of Health Care Delivery and Assistance (BHCDA)

The Bureau of Health Care Delivery and Assistance (BHCDA) helps assure that medical care services are provided to persons living in medically underserved areas and to persons with special health care needs. The Bureau serves as a national focus for providing primary health care services in Medically Underserved Areas (MUA), preventive health services, specialized health care, and the redistribution of health care professionals to health Manpower Shortage Areas (HMSA's) to promote a regular source of health services. Older Americans who were among the medically underserved and statutorily defined beneficiary groups served by BHCDA in fiscal year 1987 were provided care primarily through Community Health Centers (CHC), Migrant Health Centers (MHC) and the National Health Service Corps (NHSC).

### COMMUNITY AND MIGRANT HEALTH CENTERS

In fiscal year 1988, a total of 565 CHC's and MHC's located in medically underserved areas provided a range of preventive, curative, and rehabilitative services to approximately 5 million people. Over 9 percent, or about 470,000 of those served were age 65 or older.

The special initiative begun in fiscal year 1987 to improve health services for the elderly in community and migrant health centers continued in fiscal year 1988, with presentations of 10 regional training seminars jointly developed by the Bureau of Health Care Delivery and Assistance and the Administration on Aging.

Each regional seminar produced state plans for improving community-based services to the elderly. Evaluation of seminar impact on development of State plans and progress in plan implementation begins in fiscal year 1989. Expected outcomes focus on increased use of community and migrant health centers by the elderly and interagency collaboration among Federal, State and local components to improve health services for the elderly.

### The National Health Service Corps

The mission of the NHSC is to provide health personnel to organize systems of health care services to American communities and population groups whose health needs are not otherwise fully met. The NHSC places physicians, dentists, nurse practitioners, and other health professionals in areas that have documented health personnel shortages. Older Americans with special health needs and reduced mobility need primarily care providers close at hand. The Corps works closely with: the CHC's and MHO's, the Indian Health Service, the Federal Bureau of Prisons and other Federal agencies to provide assistance in recruiting and retaining health personnel for these populations in need.

In fiscal year 1988, the NHSC continued its commitment of health care to the elderly. It reached the elderly with programs such as physical therapy, high blood pressure screening, stroke prevention, and nutrition counseling. At the NHSC regional inservice conference for providers, geriatric health care and drug therapy for the elderly were some of the major issues discussed.

### HOME HEALTH DEMONSTRATION PROGRAM

Under the "Health Care Services in the Home Act of 1987," BHCDA has awarded $4.7 million to Hawaii, Mississippi, North Carolina, South Carolina, and Utah to demonstrate how existing systems of home care can be improved. The three-year demonstration program will target low-income, highly vulnerable individuals who can avoid institutionalization through home health care. A central feature of the program is the required use of a multidisciplinary team of health professionals to exercise responsibility for the effectiveness, efficiency, quality, and acceptability of the care delivered. At least one-fourth of those served will be elderly.

## FOOD AND DRUG ADMINISTRATION

As the percentage of elderly in the Nation's population continues to increase, the Food and Drug Administration (FDA) has been giving increasing attention to the elderly in the programs developed and implemented by the Agency. FDA has been focusing on several areas for the elderly that fall under its responsibility in the regulation of foods, drugs, and medical devices. Efforts in education, labeling, drug testing, drug utilization, and adverse reactions have been of primary interest. Close relationships have been established with both the National Institute on Aging and the Administration on Aging of the Department of Health and Human Services to further strengthen programs that will assist the elderly in their medical care. Some of the major initiatives that are underway are described below.

### Patient Education

To further the goals established by the joint Public Health Service/Administration on Aging Committee on Health Promotion for the Elderly, during the last seven years FDA has coordinated the development and implementation of significant patient education programs with the National Council on Patient Information and Education (NCPIE) and many private sector organizations. NCPIE is a nongovernmental group consisting of medical, pharmacy, consumer, and pharmaceutical organizations whose goal is to stimulate patient education program development. Special emphasis has been placed on the elderly, who use more prescription drugs per capita than the rest of the population.

The "Get the Answers" campaign is the primary program urging patients to ask their health professionals questions about their prescriptions. The major component of the campaign is a medical data wallet card that lists the five questions patients should ask when they get a prescription:

—What is the name of the drug and what is it supposed to do?
—How and when do I take it—and for how long?
—What foods, drinks, other medicines, or activities should I avoid while taking this drug?
—Are there any side effects, and what do I do if they occur?
—Is there any written information available about the drug?

The "Get the Answers" message has been widely disseminated to consumers through news releases, advice columns, and other media.

In October 1986 FDA and NCPIE joined in a press conference to launch the first national "Talk About Prescriptions Month." The purpose of the Month was to stimulate activity to motivate health professionals to give—and consumers to seek—the information needed for safe and effective medication use. The campaign theme—"The Other Drug Problem"—resulted in extensive media coverage. Numerous organizations across the country conducted educational activities in support of the campaign. The "Talk About Prescriptions Month" campaign was so successful that NCPIE decided to make it an annual event.

The second "Talk About Prescriptions Month," held in October 1987, emphasized the problem of improper medication use among the elderly. At the press conference to kick off the month, NCPIE officially released their report on improper medication use among older people and announced a new public education campaign to improve communications between health professionals and the elderly.

The public education campaign consisted of: a 30-second TV public service announcement (PSA), a 30-second radio PSA, a four-color brochure, and print ads for consumer and professional publications. The campaign focused on effective communication between the older patient and the health care professional as the way to reduce medication misuse. Media materials—using the slogan "Before You Take It, Talk About It"—urged older consumers to talk with doctors, pharmacists, and nurses about the medicines prescribed for them.

NCPIE has received a 20 percent reply rate on bounce-back cards from television stations reporting how often they used the spots and commenting on the quality of the ad. A professional analysis of these bounce-back card responses indicated the spots were well-received by a great majority of respondents. The bounce-back cards NCPIE received in response to the radio PSAs indicated a high degree of satisfaction and that some radio stations preferred to have their radio personnel read PSAs. As a result, this spring NCPIE mailed scripts to 1,000 radio stations and to the major radio networks.

The third "Talk About Prescriptions Month" occurred in October 1988. The campaign newsletter included an article entitled "Meeting Older Patients' Medication Needs at Home" and information on obtaining resource material designed for older consumers.

FDA distributed the "Talk About Prescriptions Month" campaign newsletter to its newsletter editor network and several thousand consumers and multiplier organizations asking that they conduct educational campaigns.

As an outgrowth of the "Talk About Prescriptions Month" program, the District of Columbia launched a city-wide campaign in October 1988 to educate older people and health providers about the safe use of medicine. The campaign will run for six months and target over 80,000 senior citizens living in the district who will be reached through direct mail, community workshops, and media activities.

Concurrent with the activities aimed at patients, FDA, NCPIE, and many private sector organizations are conducting a major campaign to encourage health professionals to provide drug information to their patients. Urging consumers to "Get the Answers" and health professionals to "Give the Answers" is vital to bridge the communications gap—to get both sides to talk to each other about medications.

In addition to patient education initiatives, FDA and NCPIE are continuing to evaluate the effectiveness of patient education programs and are monitoring the attitudes and behavior of consumers and health professionals about patient drug information. FDA is encouraged by the number and quality of patient education activities undertaken by the various sectors. FDA will continue to provide leadership to foster the patient education initiative.

## PREMARKET TESTING GUIDELINES

Specific guidelines for the premarket testing of drugs in the elderly are currently under development by FDA. The guidelines will address issues such as the extent to which drug trials should include elderly patients to help identify dosage regimens and other factors that need to be considered. Although use of these guidelines is not a legal requirement, a person may be assured that in following a guideline, these procedures and standards will be acceptable to FDA. In addition, in October 1988, FDA published a Guideline for the Format and Content of the Clinical and Statistical Sections of a New Drug Application which emphasizes the need to analyze data to search for differences in effectiveness and adverse effects between younger and older patients and to evaluate effects of altered kidney or liver function, other drugs, and other illnesses, all highly pertinent to the elderly.

FDA's efforts to ensure that premarket testing adequately considers the needs of older people also include educational activities for Institutional Review Borads (IRB) through workshops and the dissemination of information sheets on a variety of topics of interest to IRBs. An IRB governs the review and conduct of all human research at a particular institution involving products regulated by FDA. This aspect of drug testing and research is particularly important to institutional patients, a category comprised of a large number of elderly persons, to ensure adequate protection with regard to informed consent. FDA continues to work closely with the National Institutes of Health to develop and distribute information sheets to clinical investigators and members of the IRB community.

## POSTMARKETING SURVEILLANCE AND EPIDEMIOLOGY

The FDA's Division of Epidemiology and Surveillance receives, processes, and enters approximately 50,000 reports of adverse drug reactions (ADR) each year. In 1987, 18,251 ADR reports had age reported, 33 percent were individuals over age 60. The Division also contracts with IMS America to obtain drug usage information as part of the ongoing effort to evaluate the adverse reactions received. It is important to take into account drug usage rates when evaluating reports of adverse drug reactions.

## GERIATRIC LABELING SURVEY

From March through May of 1988, FDA's Drug Labeling, Research and Education Branch (DLREB) conducted a survey of the professional labeling of some 425 selected drugs for geriatric information. The survey drugs were chosen from data bases such as the National Disease and Therapeutic Index (NDTI) which list agents commonly used in the elderly. Half (212) of the products surveyed contained geriatric information. The drug classes with the greatest number of agents with geriatric information included the central nervous system agents (89 percent), gastrointestinal/genitourinary agents (79 percent), antiarthritic agents (77 percent), hypoglycemic drugs (75 percent), and respiratory agents (70 percent). The classes with the least amount of geriatric labeling were the glaucoma agents (15 percent), antihistamine/cold products (25 percent), cardiovascular agents (26 percent), and antibiotics (31 percent). An analysis and evaluation was presented of the manner in which this information was provided within each drug class. Results of the study are expected to be published in 1989.

## MEDICATION INFORMATION LEAFLETS (MIL'S) FOR SENIORS

The American Association of Retired Persons (AARP), in conjunction with FDA's Drug Labeling, Research and Education Branch (DLREB), publish MIL's—education leaflets about drugs written for use through the AARP prescription drug mail order program. This year MIL's for nine additional medications were written and more are planned for the future. The nine new releases are for the medication: Carbamazepine, Indapamide, Tolmetin, Fenoprofen, Beclomethasone, Ipratropium, Probucol, Sulfasalazine, and Nitrofurantoin. The leaflets provide the patient with:

—A description of the contents.
—A list of the diseases for which the drug is used as a treatment.
—Information the patient should tell the physician before taking the medication.
—Dosage information—how the medication should be taken.
—Instructions on what to do if a dose is missed.
—Possible interactions with other medications.
—Possible serious and nonserious side effects.

## GENERIC DRUGS

The elderly in our population, as users of more medications than any other group, benefit greatly from the wide availability of generic drugs that generally cost much less than their brand-name counterparts.

Landmark legislation, the Drug Price Competition and Patent Term Restoration Act of 1984, established an abbreviated procedure for FDA's review of marketing applications for a new class of generic drugs that exempts them from expensive retesting for safety and effectiveness.

This testing was conducted originally for the brand-name drug and is thus not regarded as necessary for the generic copy. By lifting this testing requirement, the 1984 Act removed a major roadblock to the development of generics. Since enactment of the 1984 law, FDA has approved about 2,500 applications for generic drugs. During the past 12 months, approximately 650 abbreviated new drug applications have been approved. By comparison, before the 1984 law, the average annual rate of approvals was about 350 generic products. According to trade groups, generic drug sales are expanding about 14 percent a year. FDA will continue to examine the impact of advertising, labeling, and education efforts on the elderly as more generic drug products are made available in the marketplace.

In September 1986 the Commissioner of FDA chaired a public workshop to review various topics associated with designing and conducting studies that are used to demonstrate that generic drugs are equivalent in performance to brand-name drugs. The purpose of the meeting was to determine whether FDA's testing regulations need updating in light of any new findings in a scientific area that is relatively new and evolving. Maintaining a state-of-the-art capability in this area is regarded by FDA as critical to ensuring that generic drugs work as they are supposed to and provide the elderly and others with an effective lower cost alternative to brand-name medicines. A Bioequivalent Task Force was formed by FDA to study the issues posed at the workshop. The report of the Task Force was released in February 1988 and many of its recommendations have already been implemented.

## APPROVED DRUG PRODUCTS WITH THERAPEUTIC EQUIVALENCE EVALUATIONS

In order to contain drug costs, virtually all States have adopted laws that encourage or madate the substitution of less expensive therapeutically equivalent generic drug products for prescribed brandname drugs. These State laws generally require that substitution be limited to drugs on a specific list or that it be permitted for all drugs except those prohibited by a particular list. In response to requests for the States for FDA's assistance in preparing drug lists that would enable them to implement their substitution laws, FDA published and continually updates the Approved Drug Products with Therapeutic Equivalence Evaluations list. This list identifies currently marketed drug products approved on the basis of safety and effectiveness by FDA under the Federal Food, Drug, and Cosmetic Act and provides information on all generic drugs that FDA had determined to be therapeutically equivalent to brand-name drugs. FDA believes that products considered to be therapeutically equivalent can be substituted with the full expectation that the substituted product will produce the same therapeutic effect as the prescribed product. The United States Pharmacopeia (USP) plans to distribute FDA's *Approved Drug Products With Therapeutic Equivalence Evaluation* as a third volume to their USP Drug Information publications. This cooperative venture with the USP will greatly enhance the availability of this FDA publication.

## HEALTH FRAUD

Health fraud, the promotion of false or unproven products or therapies for profit, is big business. These fraudulent practices can be a seious and often expensive problem for the elderly. In addition to economic loss, health fraud can also pose direct and indirect health hazards to those who are misled by the promise of quick and easy cures and unrealistic physical transformations.

In order to combat health fraud, FDA uses a combination of enforcement and education. In each case, the Agency's decision on appropriate enforcement action is based on considerations such as the health hazard potential of the violative product, the extent of the product's distribution, the nature of any mislabeling that has occurred, and the jurisdiction of other agencies.

FDA has developed a priority system of regulatory action based on three general categories of health fraud: direct health hazards, indirect hazards, and economic frauds. When a direct health hazard is involved, FDA takes immediate action—seizure, injunction, or recall. When the fraud does not pose a direct health hazard, the FDA may choose to concentrate more on education and information efforts to alert the public. Both education and enforcement are enhanced by coalition building and cooperative efforts between Government and private agencies at the national, State, and local levels. Also, evaluation efforts help ensure that our enforcement and education initiatives are correctly focused.

The health fraud problem is too big and complex for any one organization to effectively combat by itself. Therefore, FDA is working closely with many other groups to build national and local coalitions to combat health fraud. By sharing and coordinating resources, the overall impact of our efforts to minimize health fraud will be significantly greater.

FDA and other organizations have worked together to provide consumers with information to help avoid health fraud. FDA and the Pharmaceutical Advertising Council (PAC) developed a public service campaign that uses all media to provide the public with information about how to recognize, avoid, and help stop health fraud. The public awareness campaign was so well received that FDA and PAC developed another public service campaign which was distributed during 1988.

In 1986 FDA worked with the National Association of Consumer Agency Administrators (NACAA) to establish the ongoing project called the NACAA Health Products and Promotions Information Exchange Network. Informaiton from FDA, the Federal Trade Commission (FTC), the U.S. Postal Service (USPS), and State and local offices is provided to NACAA periodically for inclusion in the Information Exchange Network. This system continues to provide information on health products and promotions, consumer education materials for use in print and broadcast programs, and the names of individuals in each contributing agency to contact for additional information.

In order to obtain better information on the nature of the health fraud problem, FDA worked with the Department of Health and Human Service's Office of Planning and Evaluation which contracted with Louis Harris and Associates to conduct a national health fraud survey in 1986. The survey provides the information to effectively target and focus public and private sector activities devoted to combatting health fraud and a reliable measure of the reasons why consumers have used various fraudulent products. It also explores attitudes and beliefs with regard to these products. A report of the survey results became available in 1988.

In September 1985, FDA, FTC and USPS cosponsored a National Health Fraud Conference in Washington, DC. During 1986, as a follow-up to the national conference, FDA held regional health fraud conferences in cities across the country. There were large audiences at most meetings, and the feedback was extremely positive. These local conferences served as the impetus to develop new and expand ongoing health fraud activities and form coalitions with State and local officials, community groups, and professional organizations.

On March 13–15, 1988, FDA and St. Mary's Hospital of Kansas City, MO, consponsored a second National Health Fraud Conference in Kansas City. This conference was designed to provide practical instruction and guidance on how to combat health fraud at the national, State, and local levels. Through keynote speeches and focused workshops, attendees received information and materials that provide numerous insights on protecting consumers from false claims and promises. One of the more popular workshops was entitled, "The Elderly as Targets of Health Fraud."

In 1988 Consumer Affairs Officers (CAO's) again began conducting regional health fraud conferences. Conferences have been held in Wilkes-Barre, PA; Louisville, KY; and Detroit, MI. Others are planned for Albany, NY; Jacksonville, FL; Los Angeles, CA; Indianapolis, IN; and Chicago, IL.

CAO's conducted other health fraud initiatives directed to elderly consumers, including presentations to groups of senior citizens, meetings, and exhibits. The following are examples of these activities: the Los Angeles CAO helped screen exhibit applications for, and participated in, a "Time of Your Life" exposition attended by over 50,000 senior citizens; CAO's made presentations to groups of elderly in Puerto Rico, Michigan, Georgia, Florida, Indiana, Texas, Illinois, Massachusetts, Colorado, and Missouri.

### Auxiliary to the National Medical Association Program

In 1984, 8 percent of the U.S. population 65 years and older were Black. Although data on the health of the elderly population for race groups is very limited, the data suggests that, overall, the health of elderly Blacks is poorer than for elderly Whites.

In general, health care delivery to older people is fraught with a wide variety of problems:

—Poor communication between older patients and health professionals;
—Use of multiple drugs;
—Multiple providers;
—Altered drug action and response with advancing age;
—Inability to take the medication as prescribed; and
—Deliberate noncompliance.

To focus attention on these intertwined problems, the FDA and the Auxiliary to the National Medical Association (ANMA), are cosponsoring a public awareness program which focuses on community-based patient education initiatives from a family perspective.

Begun in August 1988, the nationwide program has the following goals:

—Develop a patient education and information program about prescription drugs especially targeted to the Black community, with emphasis on the elderly;
—Train a cadre of volunteers as trainers at the national level to ultimately result in a national network of volunteers; and
—Demonstrate the education information programs through tailored workshops in select geographical locations among the leading 100 cities with highest concentrations of Blacks, particularly the Black elderly.

Recognizing the importance of not only enlightening senior citizens, but also establishing support networks which ensure institutionalization at the community level, FDA and ANMA chose the community based diffusion model of outreach to optimize the chance for successful and lasting results. The planned outreach activities for this program will, when appropriate, involve other agencies, such as the Administration on Aging (AoA), which regularly interact with this population.

## 1987 OSTEOPOROSIS CONFERENCE

On October 30, 1987, FDA's Office of Consumer Affairs sponsored a Special Topic Conference on Osteoporosis. This conference was the first of a series of national events to follow up the 1986 National Conference on Women's Health, where osteoporosis was recognized as a serious public health problem with a particularly significant impact on women's health.

According to statistics compiled by the National Osteoporosis Foundation, approximately 20 million Americans—many of them older women—are affected by this debilitating condition. While the cost of osteoporosis in terms of the quality of life is immeasurable, the cost in terms of health care and lost productivity ranges between $7 to $10 billion annually.

For this reason, the FDA decided to examine the subject more comprehensively by sponsoring a national conference. The goals of the 1987 Special Topic Conference were twofold:

—To focus national attention on the known risk factors associated with osteoporosis and the critical interventions that can be taken at different phases of a woman's life to prevent or minimize the tragic impact of osteoporosis.
—To assist health care providers, health educators, and the media to better discern the knowns, unknowns, and unresolved issues related to the prevention, diagnosis, and treatment of osteoporosis.

Building upon the scientific base established at the National Institutes of Health Research Workshop held earlier in the year, the conference brought together recognized experts to translate the baseline of scientific findings into practical messages for the clinical management of patients, as well as for the education of women at various life stages.

The conference was attended by 630 registrants representing diverse sectors of the public health community, including health care providers and public health educators, consumers, industry, Federal and State government and women themselves from all parts of the country.

## ACTIVITIES OF CONSUMERS AFFAIRS OFFICERS

Mammography, an x-ray examination of the breast used as a screening tool in the detection of breast cancer, is the best method currently available for detecting tumors in their early stages, offering women their best chance for survival.

A variety of organizations such as the National Cancer Institute (NCI) have issued recommendations concerning when women should undergo mammography. All these organizations agree that all older women—over the age of 50—should be screened annually, but the differ concerning the age when women should begin screening.

To inform women and health care providers about mammography and the early detection of breast cancer, FDA's Office of Consumer Affairs and the Center for Devices and Radiological Health initiated an education campaign which focused on the need to select a quality mammography facility.

Initially directed to a mailing list of over 14,000 organizations and individuals representing the interests of women across the country, including Canada, a "Dear Consumer" letter and information package was mailed on April 14, 1988. Subsequent to the mailing, feature articles on the topic of mammography appeared in a variety of lay and trade media that referred their readers to the FDA for more information.

Additional publicity and information dissemination was conducted by FDA's Consumer Affairs Officers, the Agency's educational arm in the field offices across the country. Thirty-four CAO's gave further outreach to these important health messages by working with local and regional constituencies.

Another endeavor which was conducted by Consumer Affairs Officers in the Southeastern Region of the country examined the impact of chronic diseases—a prevalent problem among older American—on low income and minority women.

On January 29, 1988, FDA and the University of Georgia Cooperative Extension Service and Center for Continuing Education cosponsored a videoteleconference titled, "Women and Chronic Diseases: Reducing the Rick Factors." The teleconference focused on specific health problems that may increase illness and premature death in women, such as obesity, hypertension, cardiovascular heart disease, diabetes, and cancer. Originating in Athens, the teleconference was satellite-broadcast to approximately 60 sites around the Southeastern United States, reaching over 2,000 community leaders, health care providers and educators who serve low income and minority women. A key component of the conference was to challenge the registrants to tailor the education messages to their constituents and implement programs at the community level.

## FOOD PROGRAMS FOR THE ELDERLY

FDA has been involved in cooperative programs with the Administration on Aging (AoA) to help open lines of communication and training between personnel involved in food service programs for the elderly and State and local food officials. In addition to providing food handling training and seminars, FDA has participated in management training and certification in food protection sanitation. The Agency routinely makes available copies of its regulations and guidelines for use in the seminars.

Because AoA provides assistance in the home-delivery meals (meals-on-wheels) program and there exist unique problems in equipment and transportation, FDA, in conjunction with the University of Colorado, has assisted with development of a new food handlers training program (slide show). This training program is specifically designed to teach food handlers involved in a home-delivery program how to keep food at the right temperature to prevent foodborne illnesses to which older people are especially susceptible. This will help to ensure safer food delivery systems to a population which relies on this food assistance.

## FOOD LABELING

Nutrition information is of particular value to older persons, many of whom are advised by their physicians to reduce consumption of salt/sodium and other food components. Thus, FDA's sodium initiatives program is especially useful to the elderly population. FDA regulations concerning the declaration of sodium content and label claims for sodium content became effective July 1, 1986. These regulations have already, resulted in greater availability of sodium information to those medically advised to reduce sodium intake as well as to those voluntarily seeking to reduce or moderate sodium consumption.

The regulations define terms such as "low sodium," specifying the maximum levels of sodium that a serving of food may contain when the terms are uses on product labels. These rules also require the declaration of the sodium content on food labels which contain nutrition information. Nutrition information is required if a processor adds nutrients to a product or makes nutritional claims about it. In addition, the regulations provide for the voluntary inclusion of potassium content information in nutrition labeling because people with kidney and some other diseases who must control their sodium intake must also control their potassium intake. Also, people with high blood pressure and other related health problems often use potassium in place of sodium.

Many major food manufacturers have voluntarily included sodium information on food labels since FDA sodium initiatives where begun in 1981. Sodium labeling has increased markedly; it is estimated that over half of the products regulated by FDA now carry sodium labeling.

Older persons also are frequently medically advised to reduce their fat and cholesterol intake. A proposed regulation, published in the *Federal Register* of November 25, 1986, would define terms for the cholesterol content of food and establish requirements for the inclusion of cholesterol as part of nutrition labeling when claims are made relative to cholesterol content or fat content of a food. This proposal defines the term "cholesterol free" as applicable for any food containing less than 2 mg cholesterol per serving, "low cholesterol" for foods containing less than 20 mg cholesterol per serving and "reduced cholesterol" for a 75 percent reduction in cholesterol per serving. The Agency is also advising supermarket chains on appropriate fat and cholesterol shelf labeling initiatives and cooperating with the National Cholesterol Education Program of the National Heart, Lung, and Blood Institute.

The older as well as younger population has strong interest in possible relationships between diet and health. Most consumers, but especially the elderly, are vulnerable to misleading health claims about foods. FDA currently is considering ways to permit appropriate health claims on food labels that will not be misleading to consumers. A proposed regulation published in the FEDERAL REGISTER of August 4, 1987 describes the Agency's current position on this issue and requests comments from all interested parties.

## TOTAL DIET STUDIES

The Total Diet Study, as a part of FDA's ongoing food surveillance system, provides a means of identifying potential public health problems with regard to diet for the elderly and other age groups. Through the Total Diet Study, FDA is able to measure the levels of pesticide residues, industrial chemicals, toxic elements, and nutritional elements in selected foods of the U.S. food supply and to estimate the levels of these substances in the diets of eight age-sex groups (6- to 11-month infants, 2-year-old children, 14- to 16-year-old boys, 14- to 16-year old girls, 25- to 30-year-old females, 25- to 30-year-old males, 60- to 65-year-old females, and 60- to 65-year-old males). Because the Total Diet Study is conducted yearly, it also allows for the determination of trends and changes in the levels of substances in the food supply and in daily diets.

## PROJECT ON CALORIC RESTRICTION

FDA is participating in research which could lead to significant insight into the relationship between dietary habits and life-span. The Project on Caloric Restriction (PCR) is a collaborative effort of FDA's National Center for Toxicological Research (NCTR) and the National Institute on Aging (NIA). It is designed to study whether a diet that is calorically restricted will add to the longevity and health of laboratory rats and mice.

An increasing interest in the role of caloric restriction in aging coupled with the potential economic impact associated with health care was the impetus for the creation of the PCR. A report by the Task Force for Aging Research Funding, a coalition of 11 leading health care and science groups recently stated that, "Research to find cures, preventions or postponement of the major diseases of aging may be the most effective way for the United States to reduce health care costs." The report further stated, "One of the more dramatic finds in nutrition research is that dietary-restriction in rodents, without nutrient deficiency, extends maximum life-span, retards the onset of many spontaneous late-life cancers and other diseases, and slows the rate of biological aging. Dietary restriction has been the only intervention that has consistently produced this outcome in mammals." The PCR is attempting to study this phenomenon and learn more about it.

The NCTR has established a colony of approximately 20,000 rodents (both rats and mice) and is now providing these to research investigators throughout the United States and Canada. The NCTR has developed a computer system which maintains not only a complete geneology of each animal removed for experimental investigation, but also a comprehensive file (date of birth, feed and water consumption, weights, clinical observations, etc.) on every animal in the colony. This information is available to all investigators relative to the animals assigned to their study.

The extraordinary interest displayed by research groups across the country and the NCTR's commitment to the PCR project have produced a scientific environment conducive to the interchange of ideas and the formulation of new approaches to research in aging and toxicity. To effectively coordinate research being conducted in the diverse scientific disciplines, NCTR has developed a matrix which identifies areas of ongoing research, identifies additional research areas that need to be addressed, and helps to avoid duplication of research effort.

Preliminary information suggests that calorically-restricted animals are living longer than animals on unrestricted diets and are exhibiting a reduced incidence of all forms of spontaneous toxicity.

In other words, caloric restriction may dramatically influence cancer development, toxic response, and biological processes usually associated with aging. For example:

—The level of DHEA, in calorically-restricted rat blood plasma is significantly increased. The level of DHEA in blood plasma has been shown to be related to the rate of aging and the occurrance of cancer.

—DNA repair, a biological process recognized as positively correlated with increased life-span, is significantly increased in calorically-restricted animals.

—Physiological parameters such as body temperature, motor function, metabolism, respiratory quotient and various enzymes and hormone levels are significantly different in calorically-restricted animals.

—Caloric restriction appears to maintain the levels of specific enzymes which detoxify known carcinogens, such as aflatoxin $B_1$.

—Aflatoxin $B_1$, a naturally occurring potent carcinogen, is reduced 60 percent in the calorically-restricted animals.

—Caloric restriction leads to development of a more efficient overall metabolism which may contribute to increased life-span.

—Depurination (a from of DNA damage) is decreased as a result of the normal lower body temperature of the calorically-restricted animals.

—Pituitary and liver tumors, customarily observed in older animals, are now being observed primarily in the animals on unrestricted diets.

—In a particular strain of mouse, over 99 percent of the animals exhibiting a skin condition (dermatitis) are from the unrestricted diet group while less than 1 percent of the animals exhibiting this skin condition are from the calorically-restricted group.

This is the third year of a 9-year cooperative agreement between the FDA and NIA to complete the project. Preliminary findings of some of the studies were recently published in *Mechanisms on Aging Development*.

## MEDICAL DEVICES OF PARTICULAR BENEFIT TO THE ELDERLY

### INTRAOCULAR LENSES

Data on intraocular lenses (IOL's) continue to demonstrate that a high proportion (85 to 95 percent) of the patients will be able to achieve 20/40 or better vision with the implanted lenses and that few (3 to 5 percent) will experience poor visual acuity (20/200 or worse). The data also demonstrate that the risks of experiencing a significant post-operative complication are not great. Furthermore, many of the complications result during the early post-operative period and are associated with cataract surgery; the incidence of these complications is generally not affected by IOL implantation. Approved lenses have a significant impact on the health of elderly patients having surgery to remove cataracts. The IOL's, because they are safe and effective, aid elderly patients by increasing the options available to maintain their sight and thus their ability to drive and otherwise lead normal lives. The cost of IOL implantation is competitive with other available options, particularly when the continuing cost of contact lens care accessories, such as cleaning and storage solutions, disinfection solutions, or heat disinfection units are considered. FDA continues to monitor over 1,000 investigational IOL models and has, to date, approved over 400 models as having demonstrated safety and effectiveness.

At the same time, FDA scientists are testing the optical quality of IOL's being marketed as investigational devices. FDA studies will include measurements of focal length, resolving power, astigmatism, and image quality. This information will provide a useful data base that can be factual in making decisions about optical quality of new IOL designs. Early test results show that the overall optical quality of currently-marketed IOL's is good.

Due to the large number of IOL's now available, the situation that originally prompted concern from Congress and resulted in large adjunct investigations, no longer exists and the studies are in the process of being phased out over a 3-year period. An adjunct study is a clinical investigation peculiar to IOL's which permits unlimited IOL's to be implanted under conditions requiring collection of adverse reaction data only. FDA permitted adjunct studies of IOL's in order to comply with provisions in the Medical Device Amendment created to ensure that IOL's would continue to be made "reasonably available" to physicians while data to support their safety and effectiveness were being collected. While the adjunct provisions have permitted widespread and immediate availability of new IOL's they have provided little benefit from a safety monitoring or data collection perspective. In fact, the availability of large numbers of IOL's through the adjunct study has provided a disincentive to firms to collect, analyze, and submit data to FDA in support of a premarket approval application.

FDA is now in the second year of the 3-year transition to terminate these studies which have outlived their usefulness. Appropriate precautions are being taken not to disrupt normal ophthalmic care in the process.

## PACEMAKERS

Dysfunction of the electrophysiology of the heart can develop with age, be caused by disease, or result from surgery. People with this condition can suffer from fainting, dizziness, lethargy, heart flutter, and a variety of similar discomforts or ills. Even more serious, life-threatening conditions such as congestive heart failure or fibrillation can occur.

The modern pacemaker is designed to supply stimulating electrical pulses when needed to the upper or lower chambers of the heart or with some newer models, both. It has corrected many pathological symptoms for a large number of people.

Approximately half a million elderly persons have pacemakers. At present, an estimated 125,000 pacemakers are implanted annually, 30 percent being replacements. An estimated 75 percent of these are for persons 65 years of age or older. Without pacemakers, some of these people would not have survived. Others are protected from life-threatening situations and, or most, the quality of life has been improved.

FDA, in carrying out its responsibilities of ensuring the safety and efficacy of cardiac pacemakers, has classified the pacemaker as a Class III medical device. Devices in Class III must undergo stringent testing requirements and FDA review before approval is granted for marketing.

In addition, FDA in conjunction with the Health Care Financing Administration (HCFA) of the Department of Health and Human Services has instituted a national registry of cardiac pacemaker devices and leads. HCFA and FDA have developed an operational registry with a data base of approximately 200,000 pacemakers and lead entries to date.

Physicians and providers of health care services must submit information to a national cardiac peacemaker registry if they request Medicare payment for implanting, removing, or replacing permanent pacemakers and pacemaker leads. The final rule implementing the national registry was published by FDA and HCFA in the July 23, 1987, *Federal Register* and became effective on September 21, 1987.

Under this new rule, physicians and providers of services must supply specified information for the pacemaker registry each time they implant, remove or replace a pacemaker or pacemaker lead in a Medicare patient; HCFA may deny Medicare payment to those who fail to submit the required data. The information is submitted to HCFA's fiscal intermediaries at the same time as the bill for services, and HCFA relays the data to FDA. Health care providers may obtain forms for submitting the information from the fiscal intermediaries.

FDA plans to use the data from the registry to monitor the long-term clinical performance of pacemakers and leads. FDA will use the registry data, along with information received under the Medical Device Reporting regulation, to track failures or defects in certain models of pacemakers and leads and notify HCFA so they may stop Medicare payments for those products.

The required information includes:

—The name of the manufacturer, the model and serial number of the pacemaker or pacemaker lead, and the warranty expiration date.

—The patient's name and health insurance claim number, the provider number, and the date of the procedure.

—The names and identification numbers of the physicians ordering and performing the surgery.

When a pacemaker or lead is removed or replaced, the physician or provider must also submit the date of initial implantation (if known), and indicate whether the device that was replaced was left in the body and, if not, whether the device was returned to the manufacturer.

### HEMODIALYSIS

A significant proportion of End Stage Renal Disease (ESRD) patients are in the "elderly" category since approximately 50 percent of these patients are 60 years old.

A videotape on the problem of human error during hemodialysis has been produced as a joint venture of the Health Industry Manufacturers Association (HIMA), the Renal Physicians Association (RPA), the American Nephrology Nurses' Association (ANNA), and FDA's Center for Devices and Radiological Health (CDRH).

The tape was produced by the Division of Training Support (DTS) in the Center's Office of Training and Assistance, with the consultation and cooperation of the manufacturers' and health professionals' organizations, as well as staff of the Center's Office of Compliance and Office of Device Evaluation.

The 24-minute color videotape, "Human Factors in Hemodialysis," was developed specifically for dialysis health professionals. Its purpose is to heighten awareness of fundamental dialysis quality assurance procedures including the importance of: (1) reading and following manufacturers' manuals and other literature, (2) using a predialysis checklist, (3) checking the dialysate, and (4) performing preventive maintenace.

In December 1986, the Director of the Center for Devices and Radiological Health wrote to dialyzer and blood tubing manufacturers encouraging them to revise their "single use labeling" to reflect current reuse practices. Thus far, two major dialyzer firms—accounting for roughly one-third of the market—have modified their labeling to include a reference to the Association for the Advancement of Medical Instrumentation guidelines on dialyzer reuse and to provide specific product characteristic information that will enable dialysis personnel to reprocess these devices safely and effectively. A major manufacturer of arterial blood lines has received FDA clearance to make a similar change in its labeling for these products. Agency efforts are continuing to foster consistent labeling for these devices by the dialysis industry.

Building on the success of the "Human Factors in Hemodialysis" videotape produced in 1987, two additional videotapes, one dealing with dialysis water treatment and the second concerned with infection control in the dialysis facility, were in development during 1988. These tapes are also being developed through a joint venture of the same four organizations, HIMA, RPA, ANNA, and FDA's CDRH.

The new tapes are part of an educational effort that was originally conceived by HIMA and their purpose is to sensitize dialysis facility staff members to the serious health threatening problems that exist in the areas of water treatment and infection control. The water treatment tape will discuss potential adverse effects of various water contaminants, describe the components of an optimum water treatment system, and address the impact of new technology on the demand for adequate water treatment.

The infection control videotape will emphasize universal precautions as they relate to the prevention of blood-borne infection transmission in the dialysis setting. The video will alert health care providers and patients to infection control protocols and techniques, particularly with respect to hepatitis B virus and human immunodeficiency virus (HIV). The program will take a common sense approach to the infection control issues of most concern to people involved in dialysis.

Water treatment was also the subject of another significant FDA activity during 1988. An incident at a large urban dialysis facility injured a number of patients, requiring 44 of them to receive blood transfusions. The incident was found to have been caused by a chlormaine contamination of the dialysis water supply. The FDS quickly issued a Safety Alert to all dialysis facilities informing them of the need to take certain precautions to prevent such contamination.

In addition to the DTS professional education activities, the Division of Consumer Affairs (DCA) has been involved in a patient education project involving hemodialysis patients. The FDA's CDRH was directed by the Public Health Services (PHS) Interagency Task Force on Dialysis to provide patients with information on the potential benefits and risks of the multiple use of hemodialyzers. Before undertaking development of any information, the Center undertook to define patient education needs by reviewing current educational material on reuse and by conducting a telephone survey of hemodialysis patients selected at random from the HCFA's ESRD data base of Medicare beneficiaries. A data collection questionnaire was designed to capture patients' knowledge and perception on hemodialysis reuse. The survey was completed the end of May 1988, and a report of findings and recommendations is due to the PHS Task Force by November 1988. Survey results wil be used, along with other data, to ascertain what, if anything should be done to meet additional patient information needs.

### BLOOD GLUCOSE MONITORS

Recent publications estimate the number of diabetics in the United States to be 5 million and increasing at a rate of 600,000 per year. Over 65 percent of diabetics are 55 years or older and, of course, must monitor their blood glucose.

Since the implementation of Mandatory Device Reporting (MDR) regulations in December 1984, approximately 1,800 reports were submitted to the FDA regarding performance problems encountered by users of self-monitoring blood glucose (SMBG) systems. As a result of these findings, a project was initiated to study and provide solutions to the problems with use of these devices. The study is being conducted in four phases: (1) information/data analysis, including labeling, promotional and training materials; (2) identification of problems and contributing factors, including the use of data obtained by survey, contract, scientific literature, laboratory testing and MDR submissions; (3) development of a strategy for corrective action(s); and (4) implementation of corrective actions that could include assistance and collaboration with interested organizations. An SMBG Task Force, consisting of CDRH staff members who have had prior experience or are currently involved in matters pertinent to this important health care issue, is responsible for implementing this task.

A team of six CDRH staff reviewed 45 pieces of SMBG labeling (user manuals, summary instructions, and package inserts for reagent strips, lancing devices calibration and control materials) that accompany blood glucose devices sold over the counter for use by diabetics. The review focused on (1) whether step-by-step instructions and other information are presented in a way that facilitates understanding; (2) if illustrations are used and are accurate, clear, and well formatted; (3) if important information such as key tasks to be performed and cautionary statements are adequately emphasized using highlighting techniques; (4) the print size used; and (5) grade reading levels at which the information is written based on application of the SMBG Grading Formula.

Currently in process is the Human Factors Analysis of Blood Glucose Monitors contract. The study will:

—determine if the operation and instructional materials of blood glucose meters is compatible with users' abilities;

—determine if the design of blood glucose meters contributes to user error; and

—determine the quality and quantity of instructional material available to meter users for learning proper meter operation.

Certainly, the limitations of the elderly, e.g., slowed response time, deficient vision, etc. are important considerations in properly using glucose meters. The study will be looking at all of these issues.

## HEALTH RESOURCES AND SERVICES ADMINISTRATION

### *Project—Health Care/Services in the Home Demonstration 10/1/88-9/30/91*

Funding Fiscal Year 188—$4,731,000.

The project encompasses five grants to agencies of State governments to develop, demonstrate and document, on a national basis, a program to improve, and better enable, existing systems of home care to help individuals at risk avoid lengthy stays in hospitals and other institutions. Grant funds will be used to: identify individuals who can avoid institutionalization or prolonged hospitalization if skilled medical services or related health services (or both) are provided in the homes of the individuals; pay the costs of the provision of skilled medical services or related health services in the homes of individuals who are unable to purchase the needed health services or obtain them through other sources; and coordinate the provision by public and private entities of skilled medical services, and other long-term care services, in the homes of such individuals. At least 25 percent of number served will be elderly. The demonstration supports State leadership role and organizational approaches to developing comprehensive programs of health care in the home utilizing a multidisciplinary team of health professionals to make existing home care systems more effective, efficient, qualitative, and acceptable. The multidisciplinary team provides for development, management, and outcome of a plan of care for each individual accepted into the program. The plan of care includes comprehensive and continuous skilled medical and related health services in combination with our long-term care services. An evaluation of the demonstrations and report of the findings will be made to Congress.

## BUREAU OF HEALTH PROFESSIONALS (BHPR)

The Bureau of Health Professionals provides national leadership to improve the training, distribution, utilization, and quality of personnel required to staff the Nation's health care delivery system. BHPr assesses the supply of and requirements for the Nation's health professionals and develops and administers programs to meet those requirements. It also collects and analyzes data and disseminates information of the characteristics and capacities of health professions and production systems. The Bureau develops, tests, and demonstrates new and improved approaches to the development and utilization of health personnel within various patterns of health care delivery and financing systems. BHPr provides financial support to institutions and individuals for health professional education programs, administers Federal grant programs for targeted health personnel development and utilization, and provides technical assistance to national, State, and legal agencies, organizations, and institutions for the development, production, utilization, and evaluation of health personnel. These activities are carried out under the legislative authorities of Titles VII and VIII of the Public Health Service Act.

Fiscal year 1988 program activities contributing to the development of professional personnel to provide health care to the aged included:

(1) Activities under training authorities targeted specifically for geriatric and gerontological education;

(2) Activities under training authorities for primary care, nursing, and other health professionals where geriatric training may be provided as part of a broader educational emphasis; and

(3) Data collection, studies and other activities aimed at assessing and enhancing the qualifications of future health care providers to respond to the needs of the aged.

### TARGETED SUPPORT FOR GERIATRICS

Thirty-three Geriatric Education Centers received grants under section 788(d) of the PHS Act, an authority which specifically authorizes geriatric training. Many centers are consortia or other organizational arrangements involving several academic institutions, a broad range of health professions schools, and a variety of clinical facilities. The centers are based at the following institutions: University of Washington, Seattle, WA; Harvard Medical School, Boston, MA; SUNY at Buffalo, NY; University of Puerto Rico, San Juan, PR; Mt. Sinai School of Medicine—Hunter College, New York, NY; Temple University, Philadelphia, PA; University of Pennsylvania, Philadelphia, PA; Virginia Commonwealth University, Richmond, VA; University of Alabama at Birmingham, Birmingham, AL; University of Mississippi, Jackson, MS; University of Kentucky, Lexington, KY; Case Western Reserve University, Cleveland, OH; Baylor College of Medicine, Houston, TX; University of Texas Health Science Center at San Antonio, San Antonio, TX; University of Utah, Salt Lake City, UT; University of North Dakota, Grand Forks, ND; Marquette University, Milwaukee, WI; University of Iowa, Iowa City, IA; University of Connecticut, Farmington, CT; University of Florida, Gainesville, FL; University of South Florida, Tampa, FL; Michigan State University, East Lansing, MI; Chicago College of Osteopathic Medicine, Chicago, IL; Creighton University, Omaha, NE; University of New Mexico, Albuquerque, NM; University of California at Los Angeles, CA; Stanford University, Palo Alto, CA; University of Hawaii, Honolulu, HI; University of Miami, Miami, FL; Duke University, Durham, NC; University of Minnesota, St. Paul, MN; University of Illinois at Chicago, Chicago, IL; and University of California at San Diego, La Jolla, CA.

Awards for these 33 Geriatric Education Centers totaled $9.5 million for fiscal year 1988. Additional competitive awards are planned for fiscal year 1989.

These centers are educational resources providing multidisciplinary geriatric training for health professions faculty, students and professionals in allopathic medicine, osteopathic medicine, dentistry, pharmacy, nursing, occupational and physical therapy, podiatry, optometry and related allied and public or community health disciplines. They provide comprehensive services to the health professions educational community within designated geographic areas. Activities include faculty training and continuing education for practitioners in the disciplines listed above. The centers also provide technical assistance in the development of geriatric education programs and serve as resources for educational materials and consultation.

The first awards were made this year under a newly authorized section 788(e) grant program for faculty training and retraining in geriatric medicine and dentistry. There were 23 awards in Fiscal Year 1988 totaling $2.8 million. These awards will provide geriatric faculty training experiences for 44 physician participants and

26 dentist participants through 1-year or 2-year fellowship programs and/or 1-year retraining projects. The training content will include clinical geriatrics, teaching skills, administrative and research skills.

### GERIATRIC ACTIVITIES SUPPORTED UNDER BROADER TRAINING AUTHORITIES

The Bureau's Division of Assiciated and Dental Health Professions funds educational projects for a wide array of health providers. The General Dentistry training grant program currently supports 27 postdoctoral residency and advanced education programs in dentistry, which include training opportunities to provide dental care to the elderly. In awarding those grants, a funding priority was given to applicants who proposed to further expand and improve the geriatric training components of their postdoctoral programs.

The Bureau's Division of Medicine continues to support a significant number of grantees for their educational and training program activities in geriatrics. A total of $5,973,757 was awarded in Fiscal Year 1988 specifically for these effects, which are estimated to impact the training of 2,233 individuals and a population of approximatley 297,790.

Two predoctoral grantees and 87 graduate program grantees under section 786(a) Family Medicine Training indicated that they provide geriatrics curricula content and training. Twenty-nine of the residency program grantees received funds totaling $1,998,669 for developing and enhancing geriatrics curriculum and training. These awards ranged between $4,000 and $134,062, the largest going to the Thomas Jefferson University School of Medicine in Pennsylvania. In addition, 19 faculty development programs reported that they provided geriatrics training. Seventeen of the section 780 Family Medicine Departments program grantees have established a geriatrics component, but no specific funds were requested for this purpose.

Under section 784, the General Internal Medicine and General Pediatrics Residency Training programs reported 35 grantees who provided geriatric medicine training to approximately 204 residents. A total of $138,405 was awarded to 10 of the programs for their efforts. In addition to graduate training, 7 grantees under the faculty development program indicated that their geriatric emphasis would impact about 106 faculty, but no specific funds were received for these activities.

The Area Health Education Center program (section 781) awarded a total of $982,844 to 27 of the 28 AHEC's which indicated emphasis in geriatric education. These educational and training activities were estimated to benefit a population of 297,790 (including trainees). Ten of the awards were for special initiatives which included developing geriatric personnel certification programs and training in health promotion/disease prevention in older individuals.

Of the 51 Physician Assistant Training program grantees, 38 reported training activities in geriatrics. Funds in the amount of $53,839 were awarded among 9 of the grantees specifically for their efforts in this area. An estimated 1,499 individuals were trained.

Five Preventive Medicine Residency Training grantees indicated that they included geriatric curriculum in their programs, from which 38 residents would benefit. One Podiatric Medicine Residency Training program included specific geriatrics training.

Grant awards for nursing education programs are made through three programs administered by the Bureau's Division of Nursing; (1) Advanced Nurse Education, (2) Nurse Practitioner and Nurse-Midwifery, and (3) Special Projects. Under Advanced Nurse Education and Nurse Practitioner and Nurse-Midwifery, grant awards are for master's and doctoral programs. Special Projects grant awards support a wide range of educational programs (including continuing education) and demonstration projects. A major focus of the grant awards is the preparation of personnel for the care of the elderly and the provision of services to the elderly.

Nursing education activities related to aging during Fiscal Year 1988 include the following:

> *Advanced Nurse Education Program (Sec. 821).*—The Advanced Nurse Education authority supported 6 grants totaling $930,514 for gerontological and geriatric nursing concentrations in programs leading to a master's or doctoral degree in nursing.
>
> *Nurse Practitioner and Nurse-Midwifery Program (Sec. 822(a)).*—Fourteen master's gerontological nurse practitioner programs received grant support totaling $1,236,692.
>
> Twenty-seven family nurse practitioner programs (23 master's, 1 postmaster's, and 3 certificate), all of which contain content related to the care of older persons, received grant support totaling $4,010,317.

Three women's health nurse practitioner master's programs, which contain content related to the care of women from young adult through old age, received grant support totaling $287,494.

*Special Projects Program (Sec. 820).*—The Special Projects Grant authority, through purpose number 4, "to demonstrate improved geriatric training in preventive care, acute and longer term care (including home health care and institutional care)," supported 6 competing grants and 12 continuation grants totaling $1,791,227. Examples of projects funded were: (1) "Navajo Geriatric Patient/Family Teaching Program"; (2) "An Integrated RN-BSN Geriatric Training Program; and (3) "Gerontological Nursing Education Continuing Care Program."

The Special Projects Grant authority, through purpose number 8, "demonstrate methods to improve access to nursing services in noninstitutional settings through support of nursing practice arrangements in communities,"provided one continuationm grant in the amount of $208,009. This grant, "The Block Nurse Program Replication Project," is to replicate a successful pilot demonstration project designed to provide nursing and other services to the elderly, thereby enabling them to remain in their homes.

## OTHER ACTIVITIES

During Fiscal Year 1988, the Bureau continued to coordinate its geriatric activities with those of the NIA, AoA, NIMH, VA, and DoD through a HRSA Aging-Related Work Group and through a Departmental Task Force on the Enhancement of Training in Geriatrics and Gerontology. The Task Force, which was co-chaired by the Director of the National Institute on Aging, and the Director of the Bureau of Health Professions, HRSA, was reconstituted in mid-1986, adding representatives of the Administration on Developmental Disabilities, the Health Care Financing Administration, the National Center for Health Statistics, the National Center for Health Services Research and Health Care Technology Assessment, the National Institute of Dental Research and the Department of Labor's Bureau of Labor Statistics. Major effort was spent in Fiscal Year 1987 in responding to a congressional requirement for a study of personnel to meet the health needs of the elderly through the year 2020.

Specifically, BHPr, in cooperation with professional associations, developed projections of supply and requirements for medicine, nursing, allied health, public health and dental health personnel needed to care for the nation's elderly in the early years of the next century. The report also contains several recommendations concerning how the training needs of these and other health professionals should be addressed. The report of this study was submitted to the Congress in September 1987 and was widely disseminated throughout Fiscal Year 1988. It is titled "Personnel for Health Needs of the Elderly Through Year 2020."

## Active Contracts
## Under Titles VII and VIII of the Public Health Service Act

Project Funding FY 1988 FY 1989

Trustees of Boston University
80 E. Concord Street
Boston, Massachusetts 02118-2394

"Analysis of Issues Related to Exceptions to Limits to Medicare Reimbursement for Geriatric-Related Graduate Medical Education"

Brenda Selser
(301) 443-6785
6/30/88 - 10/28/89 $199,869 $ -

This study will report on the advisability of continuing or terminating the exception of the limitation on Medicare direct graduate medical costs reimbursement for initial residency periods in approved medical residency training programs. A limit on the number of years a resident may be counted as a full-time equivalent (FTE) for the purpose of Medicare reimbursement was established by the Consolidated Omnibus Budget Reconciliation Act. This study will also provide information on the adequacy of current graduate training programs in geriatrics covering all primary care specialties that train physicians to provide services to the elderly.

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Boston University Medical Campus
Office of Sponsored Programs
80 East Concord Street
Boston, Massachusetts 02118-2394

"Geriatric/Gerontology Curriculum for Preventive Medicine Residency Training Programs"

Glen R. Taylor
(301) 443-6820
6/30/88-6/30/90 $282,529 $ -

This contract was awarded for development of a geriatics/gerontology curriculum module for preventive medicine residency training programs. The project will plan, develop, implement and evaluate a curriculum module that will provide the knowledge, skills and attitudes that preventive medicine residents will need in order to design, implement, direct and maintain preventive services for the elderly. The curriculum will be field tested in 3 residency programs, including one based in a health department. Resulting training materials will subsequently be distributed to all general preventive medicine and public health residency training programs.

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Education Development Center, Inc.
55 Chapel Street
Newton, MA 02160

"Development and Implementation of a Continuing Education Program to Prepare Practicing Nurses in Discharge Planning of Elderly Patients from Acute Care Settings"

Cheryl J. Vince
(617) 969-7100
6/21/88-12/21/89 $179,665 $ -

A short term training program for registered nurses in continuing care and discharge planning for elderly patients will be developed and carried out in partnership with Beth Israel Hospital of Boston, Massachusetts. This 18-month project will focus on coordination of patient services before, during and after hospitalization and transition between each stage of care.

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University of North Carolina at Chapel Hill
Chapel Hill, NC 27599-7490

"Self-Care Assessment of the Community-Based Elderly" (Interagency Cooperative Agreement between the Division of Nursing and the National Institute on Aging)

Dr. Gordon H. DeFriese
(919) 966-5011
8/5/88-8/4/91 $200,000 $ -

The project will provide a national sample database on self-care behaviors practiced by elderly persons in the U.S. not living in long-term care facilities. The database will be useful to a number of health and health-related professions and service organizations whose efforts are directed toward assisting the elderly to continue to live in non-institutional settings for the maximum possible time through cost-effective health promotion and disease prevention interventions.

ACTIVE CONTRACTS
Under Title VII of the Public Health Service Act
As of 10/02/88

| PROJECT | FUNDING<br>FY 1986 | FY 1987 | FY 1988 |
|---|---|---|---|

240-87-0042
Technical Resources, Inc.
3202 Monroe Street
Rockville, MD 20852
Evaluation of Ongoing Development and Impact of PHS Funded Geriatric Education Centers
Joel Ann Todd
(301) 231-5250
09/30/87 - 11/30/88 HRSA 0 $ 131,909 0

This study will assess effectiveness of the Geriatric Education Center (GEC) Grant Program as an approach to achieving national geriatric education objectives, and will provide information related to program policies and approaches taken by various Geriatric Education Centers (GECs) prior to expiration and possible modification of the authorizing legislation. The contractor will analyze existing information comparing the thirty-one centers funded in FY 1987 in terms of a number of variables and obtain further information from a sub-set of nine centers to assess the impact of alternative approaches. The study will consider several overarching questions raised in a 1986 study and particularly focus on the validity of faculty development efforts in furthering geriatric education.

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240-87-0043
Technical Resources, Inc.
3202 Monroe Street
Rockville, MD 20852
Geriatric Training Institute for Public Health Professionals
Joel Ann Todd
(301) 231-5250
09/30/87 - 03/29/89 HRSA 0 $ 225,154 0

This project will identify and convene a working group of practicing and academic public health professionals to identify issues and content concerning geriatrics as it relates to public health professionals; develop an intensive short-term curriculum using leaders in public health involved with geriatrics education; pilot-test the curriculum; and develop strategies and plans for implementing future training sessions for public health personnel. The result of the project will be a prototype Geriatric Training Institute including a cogent curriculum to address the issues and content necessary for public health professionals to plan, develop, manage, and evaluate programs intended to provide services for the future geriatric population. The Geriatric Training Institute will be designed to complement the Geriatric Education Centers grant program administered by the Bureau of Health Professions, HRSA. While Geriatric Education Centers focus upon medicine, nursing, and allied health professions, this project will focus upon public health personnel, a vital component of the health work force in combating growing geriatric health care problems.

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ACTIVE CONTRACTS
Under Title VII of the Public Health Service Act
As of 10/02/88

| PROJECT | FUNDING<br>FY 1986 | FY 1987 | FY 1988 |
|---|---|---|---|

240-87-0071
Baylor College of Medicine
One Baylor Plaza
Houston, TX 77030
Fourth Workshop for Key Staff of Geriatric Education Centers (GECs)
Robert Rousch
(713) 799-4611
09/30/87 - 11/30/88 HRSA 0 $ 97,606 0

This fourth workshop in a series for key staff of Geriatric Education Centers (GECs) will: (1) identify strategies for accomplishing programmatic functions of GECs; (2) identify and assess issues and solutions in the management and organization of GECs; and (3) stimulate the improvement of services to target populations.

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240-87-0051
The Circle, Inc.
8201 Greensboro Drive, Suite 600
McLean, VA 22102
National Conference on Geriatric Education
Kathleen M. Corrigan
(703) 821-8955
09/30/87 - 05/31/89 HRSA 0 $ 245,836 0

A National conference will be held to provide a national forum to address involved in the interdisciplinary training of health professionals in care for the elderly. This opportunity will allow national leaders in geriatrics and geriatric education to present and discuss pertinent issues and approaches. Resulting recommendations will include strategies to enhance the interdisciplinary collaborative effort of caring for the elderly."

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240-87-0066
Bogan Associates, Inc.
1110 Fidler Lane, Suite 516
Silver Spring, MD 20910
Minority Aging and Geriatric Education Programs for the Health Professions
Phyllis W. Ford
(301) 588-0132
09/30/87 - 08/01/88 HRSA 0 $ 119,774 0

A working conference in February would bring together approximately 25 non-Federal individuals with recognized expertise in minority/aging issues, educators who are now beginning to undertake work to respond to the absence of curriculum materials or exemplary learning experiences related to these concerns, approximately 25 Federal staff of programs assisting such efforts, and a few private and public sector health leaders involved with these issues. Discussions of the status of the development of knowledge and experiences with new educational approaches to ethnicity and aging will focus on possibilities for collaboration and new directions for educational programs. In addition to providing results to health professions schools, this conference will result in a publication on curriculum concerning race, ethnicity and aging for selected health professions.

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ACTIVE CONTRACTS
Under Title VII of the Public Health Service Act
As of 10/02/88

| PROJECT | FUNDING<br>FY 1986 | FY 1987 | FY 1988 |
|---|---|---|---|

240-88-0066
Midwest Geriatric Education Center
Marquette University
604 North 16th Street, Room 020H
Milwaukee, WI 53233
Fifth Workshop for Key Staff of Geriatric Education Centers
Jesley Ruff, D.D.S.
(414) 224-3712

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|---|---|---|---|---|
| 09/30/88 - 09/30/89 | HRSA | 0 | 0 | $74,148 |

The purpose of this contract is to plan, develop, and conduct a workshop, including logistical support, which will enable key staff from both long-existing and newly established Geriatric Education Centers (GEC) to interact, exchange information, share strategies and jointly plan needed actions to accomplish GEC purposes. Based on actions established by the four previous workshops; such as task forces on linkage building, curriculum development, issues and trends, and evaluation -- further cooperative efforts will be explored and implemented. Also cooperative efforts with other existing geriatric resources - i.e., geriatric assessment units, CHCs, GRECCs, AHECs, will be incorporated into the workshop objectives."

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HRSA 88-376(P)
Harvard College
Holyoke 440, 1350 Massachusetts Avenue
Cambridge, MA 02138
Training Needs in Geriatric Dentistry of the Practicing Dentist
Gerard C. Kress, Jr., Ph.D.
(214) 828-8431

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|---|---|---|---|---|
| 07/21/88 - 01/24/89 | HRSA | 0 | 0 | $22,047 |

This project calls for collection and categorization of the various materials and training methods used to provide continuing dental education to practicing dentists. A committee of experts in continuing dental education and experts in geriatric dentistry would then, using published data on the knowledge requirements for treating the geriatric dental patient, establish criteria for what knowledge and skills are required by a dentist to treat older persons. The committee would then test the collected information on presently available geriatric CDE against the established criteria to determine what areas of geriatric CDE require improvement. The committee will then determine what the best methods would be for providing the practicing dentist with information on treating older persons."

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### OFFICE OF RURAL HEALTH POLICY (ORHP)

The Office of Rural Health Policy (ORHP) serves as the focal point within the Department for coordinating nationwide efforts to strengthen and improve the delivery of health efforts to strengthen and improve the delivery of health services to populations in rural areas. In particular, the Office advises the Secretary on the effects that the Medicare and Medicaid programs have on access to health care by rural populations, especially with regard to financial viability of small rural hospitals and the recruitment and retention of health professionals; coordinates rural health activities within the Department and with other Federal agencies, States, national organizations, private associations and foundations; administers a national grant program that establishes rural health research centers; maintains a national clearinghouse for the collection and dissemination of rural health information provides staff assistance to the National Advisory Committee on Rural Health; and ensures that the Department invests adequate resources into research projects on rural health issues.

Aging-related issues are of particular importance to the Office of Rural Health Policy. One-third of the Nation's elderly live in rural areas and rural counties have, on the average, a higher percentage of their population over 65 years of age than their urban counterparts. These demographics create a situation in which rural hospitals, because they are increasingly dependent upon admissions of the elderly (i.e., Medicare beneficiaries), are especially vulnerable to the PPS payment formula.

Activities and initiatives of the ORHP which affect the rural elderly include:

—providing an impact analysis to the Health Care Financing Administration on proposed and final regulations which are expected to have a significant impact on small rural hospitals and the rural elderly that they serve;

—coordinating activities with the Bureau of Health Professions and the Bureau of Health Care Delivery and Assistance relating to the development and utilization of rural health professionals;

—meeting with personnel in other Federal agencies (e.g., the Alcohol, Drug Abuse and Mental Health Administration and the National Highway and Traffic Safety Agency) to work on issues which affect the health and health care access of rural elderly; and

—apprising interest groups, such as the National Council on Aging and the American Association of Retired Persons, about OHRP and its activities and to work on areas of mutual concern.

The Subcommittee on Health Services of the National Advisory Committee on Rural Health designated the needs of the rural elderly as one of three priority areas at its first meeting. One particular area of concern is the barrier to access that results from the lack of coordination in Federal policies.

In 1988 the Office awarded grants to five rural health research centers to conduct applied research, case studies and analyses focusing on the delivery, financing, organization, and management of rural health and care services. The Centers will provide data and policy research capabilities on a wide range of rural health concerns, including areas relevant to the elderly.

The grants were awarded to: Rural Health Office of the Arizona Area Health Education Center, College of Medicine, University of Arizona, Tucson; Health Services Research Center University of North Carolina, Chapel Hill; Center for Rural Health Services, Policy and Research, University of North Dakota, Grand Forks; WAMI Rural Health Research Center, University of Washington, Seattle; and Marshfield Medical Research Foundation, Marshfield, Wisconsin. Awards for these five rural health research centers totaled $1.061 million for fiscal year 1988.

## NATIONAL INSTITUTES OF HEALTH

### NATIONAL INSTITUTE ON AGING

### I. INTRODUCTION

The population 65 years of age and over will increase about 2 percent per year between now and 2020, compared with an increase of about 1 percent per year for younger age groups. These differential growth rates will result in a significant demographic change in the overall composition of the U.S. population. Those over age 65 currently comprise about 12 percent of the population; by 2020, this age group will comprise at least 20 percent. The oldest old, those 85 years and older, are the fastest growing segment of the older population. By 2030, 8.6 million people will be 85 years of age or older.

The growth of the older population, both in total numbers and as a percentage of the overall population, will affect future policy decisions governing the Federal health care system and the education and training of medical and health research personnel. The fact that people are living longer, and are therefore more likely to suffer from a variety of chronic conditions and diseases, will increase the financial and psychological burden of family caregiving, as well as the need for an expanded variety of health care services. As a result, Federal policy makers will need to address such issues as how much and what kind of care should be provided, and how it will be paid for; whether or not sufficient resources will be available to accommodate the anticipated increase in health care needs; and what steps might be taken now to reduce such needs in the future.

The 1974 Research on Aging Act authorized the National Institute on Aging (NIA) and charged it with the responsibility for the conduct and support of research and training related to biomedical, social, and behavioral aspects of aging. Within this framework, the NIA supports research leading to a better understanding of the aging processes; differentiation between the normal aging processes and disease states common to older individuals; and solutions for the many problems faced by older people. The primary long-range goal of NIA research efforts is to delay or prevent many of the debilitating conditions of old age, thereby maintaining and extending independent living and the quality of life into the later years. This document outlines recent research advances and identifies the current research priorities of the NIA.

## II. CURRENT RESEARCH AND PRIORITIES

The National Institute on Aging has served as a focal point and representative for the field of aging research since its inception in 1974. During the years between 1974 and 1988, NIA-supported investigators achieved significant progress in the field of aging research. Among NIA's highest priorities are Alzheimer's disease; understanding the basic mechanisms and characteristics of aging; promotion of health and effective functioning in older individuals; and training and career development in aging research and geriatrics. Areas of increasing interest include research relevant to long-term care, studies of old rural populations, and AIDS-related research as it affects older people.

### A. ALZHEIMER'S DISEASE

Among the many disorders associated with growing older, Alzheimer's disease (AD) is one of the most devastating and most feared. From onset of the disease, marked by subtle changes in memory, until the terminal stages when patients are totally dependent on their caregivers, Alzheimer's disease causes a variety of physical, psychological, and emotional changes. Although exact numbers are not known, it is estimated that between 2.5 and 3 million people in the United States have Alzheimer's disease.

#### *1. The Etiology of Alzheimer's Disease*

*a. The Role of Toxins*

For a number of years, scientists have focused on acetylcholine as the major neurotransmitter involved in memory, and therefore in Alzheimer's disease. Now, they have found that a second neurotransmitter, glutamate, may also play a major role. While normal levels of glutamate in the cell stimulate memory, excess levels can have dire consequences. At the University of California, Irvine, Dr. Carl W. Cotman and his colleagues have found that there is a delicate balance between normal and excessive levels of glutamate in the central nervous system. Normal levels can play a role in brain growth and development, learning, and memory; excessive levels of the neurotransmitter can be toxic to selected brain cells.

According to Dr. Cotman, the key to glutamate's effect on the life and functioning of the cell may be the receptors, or binding sites on the cell surface. There are many different types of receptors, each associated with a different chemical or neurotransmitter. One such type is the NMDA receptor, so called because it reacts with the chemical N-methyl-D-aspartate. NMDA receptors bind with glutamate after it is released across the junctions (or synapses) between cells. This in turn sets off a chain of reactions by which cell-to-cell communication is completed. NMDA receptors play an important role as gateways in the membrane, or outer layer of the cell, allowing the passage of vital nutrients and blocking the flow of harmful substances.

Dr. Cotman and his colleagues have found that if NMDA receptors are overstimulated by high levels of glutamate, brain cells die. High levels of glutamate can result when the brain is deprived of vital nutrients such as oxygen and glucose, a condition that some experts have suggested can be caused by age-related diseases and other conditions. In examining the brains of Alzheimer patients, Dr. Cotman found a link between disruptions in the glutamatergic neurotransmitter system and extensive cell loss in parts of the hippocampus.

At the University of Michigan, Ann Arbor, Dr. Anne Young has taken this research one step further by suggesting that extensive destruction caused by glutamate in the hippocampus and the cortex may cause Alzheimer's disease. The hippocampus and the cortex (brain structures associated with learning, memory, and reasoning) suffer serious damage in Alzheimer's disease.

Dr. Young and her colleagues looked at brains from Alzheimer patients and age-matched controls. In the cortices of the Alzheimer patients, they found that NMDA receptor density was decreased by approximately 60 percent. Changes in NMDA receptors were also apparent throughout the hippocampi of the patients, approaching 90 percent loss in certain sections. According to the investigators, the profound loss of glutamate receptors in these parts of the brain, coupled with the overactivity of glutamate cells, are responsible for the learning and memory problems of Alzheimer patients, and may precede other changes in the course of the disease.

Although this research result has yet to be confirmed by other scientists, a number of investigators have found that the glutamatergic system is one of many neurotransmitter systems that is disrupted in Alzheimer's disease. Drs. Cotman, Young and others hope to continue to study glutamate and its receptors to develop a better understanding of their function in the healthy brain, their role in Alzheimer's and other diseases, and their potential as targets for future drug therapies.

### *b. Membrane Abnormalities*

While Drs. Cotman and Young look at the effects of glutamate on the cell membrane, investigators at two NIA-supported Alzheimer's Disease Research Centers (ADRC's) are pursuing leads that suggest other ways the cell's protective shell may be disrupted in Alzheimer's disease, thus leading to cell death.

In separate studies, Dr. Jay W. Pettegrew of the University of Pittsburgh ADRC, and Dr. John H. Growdon of the Harvard Medical School/MIT/Massachusetts General Hospital ADRC have both found elevated amounts of two substances in the postmortem brains of Alzheimer victims. The substances, phosphotidylcholine (PC) and phosphoethanolamine (PE), belong to a class of compounds known as phospholipids which, along with sugar and cholesterol molecules, form the basis of cell membranes. The membrane and the proteins located within it play a critical role in cells' ability to communicate with other cells and determines a cell's ability to thrive. Phospholipid membrane abnormalities indicate a basic defect in cell metabolism, the process by which a cell uses energy. These researchers noted that elevated PE and PC phospholipids were found in the same regions of the Alzheimer brain that show decreased glucose metabolism. Glucose utilization is an important measure of the brain's use of energy.

There is evidence to suggest that choline, a chemical necessary for the production of the neurotransmitter acetylcholine, is in short supply in the Alzheimer brain. Under conditions of choline deficit, the cell then extracts choline from PC in the cell membrane. This event, coupled with a basic defect in phospholipid metabolism, could leave cholinergic cells particularly vulnerable to damage and may account for the decreased activity of this important neurotransmitter in Alzheimer's disease. The investigators plan to continue their research to determine if phospholid metabolism is impaired in membrances of cells outside of the central nervous system in Alzheimer patients. If so, this finding might yield a diagnostic test for the disease, and may lead to new and more effective treatments.

### *c. Metabolic Abnormalities in Skin Cells*

The search to discover why cells die in Alzheimer's disease has for some time led scientists to look at the intricate changes that take place within the walls of the cell. At the Burke Rehabilitation Center in White Plains, New York, Dr. John P. Blass and his colleagues have found dramatic changes in the metabolic activity of skin cells taken from Alzheimer patients.

Several years ago, Dr. Blass suggested that the damage done by Alzheimer's disease may be most apparent in the brain, but could be seen in cells outside the brain as well. Skin tissue is easily accessible for research and, if Alzheimer's disease does indeed have a genetic element, it should be possible to see differences in the cells that make up the skin.

With this in mind, Dr. Blass and his colleagues took samples of skin fibroblasts (cells common in developing or repairing tissue) from 18 Alzheimer patients and 18 age-matched controls. They then placed the cells in a special medium used to maintain and nourish nerve cells, and looked at basic cell metabolism.

What they found was that skin cells grown in the specially developed culture began to look and behave in ways similar to brain cells. Specifically, they began to produce proteins made by brain cells. Furthermore, the skin cells taken from the Alzheimer patients developed some of the abnormal tangled proteins that are characteristic of diseased brain tissue. They also found that employing a chemical agent to block the cells' ability to use oxygen in metabolism could cause healthy skin cells to produce the Alzheimer-type abnormal proteins.

Dr. Blass and his colleagues speculate that such a change in brain cell metabolism may be occurring in Alzheimer's disease and may be due to abnormalities in the activities of the mitochondria, small units of cells that play a critical role in all of the metabolic activity that takes place within the cell. These abnormalities result in a loss in the cell's ability to function.

Scientists don't yet know whether the changes they see in the skin are similar to what might be happening in the living brain. Nonetheless, they are encouraged to find what may be an important clue to how Alzheimer's disease develops and, perhaps, the basis for future diagnostic tests.

### *d. Infectious Agents*

After 20 years of research, evidence that Alzheimer's disease may be caused by an infectious agent has emerged. With grant support from NIA and the National Institute of Neurological and Communicative Disorders and Stroke (NINCDS), researchers at Yale University School of Medicine appear to have successfully transmitted a blood-borne infectious substance from humans to laboratory animals. The agent, which causes a fatal brain disorder, produces brain pathology similar to that caused by Creutzfeldt-Jakob disease (CJD), a rare, progressive brain disease.

The research team, led by Dr. Elias E. Manuelidis, studied one known AD patient and 10 healthy members of families in which at least two close relatives had Alzheimer's disease. White blood cells drawn from these persons were specially prepared and then inoculated into the brains of hamsters. Within 1 year of inoculation, material from five of these persons resulted in the development of characteristic CJD pathology in the hamsters. To verify the results, a second series of hamsters was reinoculated with material from the brains of the infected animals. In all instances, the animals who received the second series not only developed the disease, but contracted a more severe and rapidly progressive form.

According to Dr. Manuelidis, previous attempts to transmit Alzheimer's disease failed because these experiments were undertaken with tissue from persons in advanced stages of Alzheimer's disease. He speculated that the research results may have been due to very low or absent titer (strength) of a virus at the end stages of disease.

Because Alzheimer's disease is unique to humans, there is no animal that can serve as a suitable model for studying the disease. This may explain the lack of AD-type changes in the infected hamsters. If an infectious agent exists in the general population, the authors speculate that factors either in the environment or within the body itself (e.g., immune system or genetics) could trigger the onset of dementing disease. NIA scientist Dr. Zaven S. Khachaturian and other leading experts in this field have proposed that several coexisting factors may be necessary to produce Alzheimer's disease. In the meantime, additional research will be necessary before we know for sure whether some cases of Alzheimer's disease have an infectious origin.

### *e. Familiar Alzheimer's Disease*

A small percentage of persons with Alzheimer's disease have shown an autosomal dominant pattern of inheritance, meaning that children of a parent with the familial form of this disorder have a 50–50 chance of getting Alzheimer's disease. Last year it was reported that scientists had identified a region of chromosome 21 that is responsible for production of the amyloid protein found in the Alzheimer brain. Despite initial encouraging reports linking this gene to Alzheimer's disease, further studies have not been able to confirm these results. Other investigators have reported associations between other regions on this chromosome and the familial form of Alzheimer's disease. The risk of offspring of contracting the more common sporadic form of Alzheimer's disease—which typically develops after age 60—is less clear.

Some investigators believe a genetic component is also present in the sporadic form, citing the occurrence of clustering of cases in families with sporadic disease. Using the gene location identified for familial Alzheimer's disease, Dr. Allen Roses and colleagues at the NIA-funded Duke University Alzheimer's Disease Research Center, attempted to establish a genetic linkage that would prove most, if not all, cases of Alzheimer's disease are hereditary. In the 49 affected individuals tested, no linkage was found between sporadic Alzheimer's disease and the genetic marker for familial Alzheimer's disease.

The Duke study suggest more than one cause of Alzheimer's disease, thus the researchers will pursue their genetic linkage studies in hopes of locating the basic deficit in the more common sporadic Alzheimer's disease.

Genetic studies conducted by Dr. George Martin at the University of Washington Alzheimer's Disease Research Center not only confirm the Duke results, but find that the Alxheimer gene may not be on chromosome 21 after all. Dr. Martin and his colleagues find no linkage between familial Alzheimer's disease and the region of chromosome 21 that has been linked to the production of amyloid protein. Dr. Martin suggests that misdiagnoses could be responsible for earlier findings in this area which make familial Alzheimer's disease appear to be one homogeneous disease, when in fact some disease process other than Alzheimer's may have been involved. They also suggest that Alzheimer's disease may involve more than one gene: in some cases the gene might be located on chromosome 21, while in other cases other chromosomes may be involved. Further research on autopsy-confirmed cases will greatly improve our ability to establish whether there are indeed subtypes of Alzheimer's disease and their genetic origins.

### *2. Treatment*

#### *a. Investigations Continue on THA*

Preliminary results may soon be available on the effect of tetrahydroaminoacridine (THA), an experimental drug which may help control memory loss in some patients with Alzheimer's disease. THA is one of several drugs being tested as a treatment for Alzheimer patients.

A study directed by Dr. Kenneth Davis of Mt. Sinai Medical Center in New York City and supported by the NIA, the Alzheimer's Disease and Related Disorders Association, and the Warner Lambert Company, is taking place at 16 research facilities[1] across the country. The study is designed to learn more about the safety and efficacy of THA. A total of 300 patients are being evaluated.

According to study co-director Dr. Leon Thal at the University of California, San Diego, preliminary results will be available as soon as the first 100 patients have completed the regimen, sometime in 1989. If the drug proves to be overwhelmingly beneficial in these 100 patients (or if the reverse proves true) the investigators will make recommendations to the NIA about whether or not to continue the trial.

#### *b. Growth and Repair in the Brain*

Scientists are beginning to find ways to treat brain injury by stimulating the brain to heal itself. Since Alzheimer's disease causes massive brain injury, such work has important implications for developing treatments as well as future research in this field.

In the late 1970's Dr. Carl W. Cotman demonstrated that nerve cells whose connections with other cells were severed could sprout new fibers so that the brain's circuitry was reestablished. At about the same time, Dr. Paul Coleman and his colleagues at the University of Rochester in New York found that a similar recircuitry occurs in response to nerve cell loss in the aging brain. Dr. Cotman and his colleagues later went on to discover that a number of changes take place in response to brain injury—blood vessels and glial cells which surround the nerve cells proliferate, and small protein molecules (called peptides) accumulate at the site of the injury. These peptides, known as trophic factors, play an important role in the survival of injured cells.

At Georgetown University School of Medicine in Washington, D.C., Dr. Lawrence Kromer is conducting research on nerve growth factor (NGF), a peptide and one of several known trophic factors that works specifically on nerve cells. Scientists have demonstrated that NGF can influence the survival of a particular group of brain cells—the cholinergic cells—following injury. In a recent experiment, Dr. Kromer set out to determine the possible benefit of injecting NGF directly into a damaged area of the brain.

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[1] University of California, San Diego, CA; Duke University Medical Center, Durham, NC; University of Southern California, Los Angeles, CA; University of Washington, Seattle, WA; Washington University, St. Louis, MO; Massachusetts Alzheimer's Disease Research Center/University of Massachusetts Medical School, Worcester, MA; Mount Sinai Medical Center, New York, NY; Johns Hopkins University School of Medicine, Baltimore, MD; University of California Neuropsychiatric Institute, Los Angeles, CA; Southern Illinois University School of Medicine, Springfield, IL; Baylor College of Medicine, Houston, TX; Neuro/Medical Research Associates, Miami Beach, FL; University of Minnesota Medical School, Minneapolis, MN; University Hospitals of Cleveland, Cleveland, OH; Burke Rehabilitation Center, White Plains, NY; Rush-Presbyterian-St. Lukes Medical Center, Chicago, IL.

Dr. Kromer took a group of rats and surgically cut the nerve cell projections that supplied acetylcholine to the brain's hippocampus. Acetylcholine is one of several chemicals responsible for transmitting nerve cell impulses, in this case, impulses related to both learning and memory. He next inserted a small tube into a cavity in the animal's brains and continuously injected NGF using a miniature pump. In the control animals, only 20 percent of the injured cells were still living 2 weeks after surgery. In the animals receiving NGF, on the other hand, 85 percent of the cells survived the trauma and had begun to form new connections with the hippocampus. According to Dr. Kromer, the nerve cells in the areas surrounding the infusion site were "rescued from cell death."

In a related study, Dr. Fred Gage and his colleagues at the University of California, San Diego, used NGF to treat a group of animals suffering from age-associated memory impairment. In this study, infusion of NGF for 4 weeks resulted in a significant improvement in the animals' memory.

Scientists are optimistic that NGF or similar substances may someday be used to prevent cell loss in Alzheimer's and other degenerative diseases, where specific populations of brain cells are targeted for destruction.

### *c. Enhancing Drug Delivery to the Brain*

One obstacle to the treatment of Alzheimer's disease is a very effective blood-brain barrier, a system of tightly knit cells which form a membrane around the blood vessels of the brain and permit only certain substances to cross from the blood into the brain. The uptake of drugs into the brain is determined mainly by their "lipid solubility" or ability to dissolve in the fatty membrane covering the tiny blood vessels that nourish the brain. Water-soluble drugs and many large protein molecules cannot penetrate the blood-brain barrier.

Investigators at the NIA Laboratory of Neurosciences have been examining the structure and function of this protective barrier and have developed an osmotic procedure that temporarily modifies the barrier, enhancing delivery of drugs to the brain. This procedure is so named because it works through osmosis, the natural process by which a fluid passes through a membrane.

Reported by Dr. Stanley I. Rapoport in 1970, the osmotic procedure has been used to alter the blood brain barrier in animals. While investigators have attempted to open the barrier using a variety of agents, Dr. Rapoport was one of the first to develop a safe and clincially useful method to gain access to the brain. In the procedure, a sugar solution is injected into one of the arteries that supplies blood to the brain. The solution disrupts the barrier for up to 2 hours during which time water-soluble and large protein molecules may gain acces to the brain. The procedure, used in limited clinical trials by Dr. Edward A. Neuwelt at the Oregon Health Sciences University in Portland, has had dramatic success in the treatment of some malignant brain tumors (e.g., primary lymphomas) that are normally resistant to chemotherapy.

Dr. Rapoport's laboratory has also developed a method to estimate the accumulation of a drug in the brain. Because blood plasma and spinal fluid concentrations do not accurately represent brain concentrations of drugs, this method is an important tool for evaluating the effectiveness of pharmacologic agents used to treat central nervous system disorders, including Alzheimer's disease. More recently, the NIA researchers have developed and patented a process to chemcially modify drugs to increase their lipid solubility, and hence, their access to the brain.

While the investigators see their work as more immediately useful for the treatment of brain cancer and other fatal diseases that attack the central nervous system (e.g., AIDS, rabies), the hope that these procedures will enhance pharmacologic treatments of Alzheimer's disease, including those currently under investigation to restore lost neurotransmitter function.

### *3. The Burden of Care*

Research on Alzheimer's disease has shown that the patient is not the only victim. The disease places an often overlooked physical, financial, and emotional burden on family members, friends, and others who provide the patient's day-to-day care. The NIA is intensifying its program activities in this area, and has recently established a special research on the social and behavioral aspects of care for Alzheimer's disease patients. This initiative, developed with the cooperation of all NIA program areas, will include such topics as: the impact of Alzheimer's disease on families, support networks, and formal care systems; help-seeking behavior and treatment responses; social, behavioral, environmental, and technological interventions in caring for Alzheimer patients; and forecasting long-term care demands and their economic implications.

### *a. Coping with Caregiver "Burnout"*

Scientists are now looking at ways to help caregivers cope with and prevent caregiver "burnout." At the Veterans' Administration Medical Center in Palo Alto, California, NIA grantee Dolores Gallagher and her colleagues are conducting a 5-year study of the value of two different types of caregiver support groups. To date, the investigators have worked with over 100 individuals, more than half of whom care for people with Alzheimer's disease or some other brain impairment.

Study participants are asked to attend either problem solving classes or life satisfaction classes, or are assigned to a control group. In the problem solving classes, participants are taught simple strategies for analyzing and resolving everyday problems. In the life satisfaction classes, they learn to identify activities that they might enjoy and the means to do them. In both types of classes, they learn specific skills to help cope with a variety of situations.

To date, the investigators have worked with over 100 individuals, more than half of whom care for people with Alzheimer's disease or some other brain impairment. In general, those who took either class were less depressed and felt better about themselves than did those in the control group.

The investigators caution that their results are very preliminary. Future research will determine how the needs of Alzheimer families differ from others and what type of support works best for whom at which stage of the disease.

### *b. Management of Night Wandering*

Finding ways to manage the symptoms of Alzheimer's disease is another way to help families cope. One of the most trying problems for Alzheimer patients and their families is nighttime wandering. Recently, clinical nurse researchers at the NIA may have found a way to help decrease this behavior.

In a pilot project, Sarah H. Young, R.N., and colleagues evaluated the use of "white noise" as a safe way to decrease night wandering in patients with moderate to advanced Alzheimer's disease. White noise is a low-intensity, slow, continuous, rhythmic, monotonous sound such as that produced by a whirring fan or air conditioner. Ms. Young and her colleagues exposed eight Alzheimer patients to the sound of a slow, rolling surf for 4 nights over a 12 night observation period. They found that two of the eight subjects were significantly less agitated and restless during the treatment. According to Ms. Young, this study needs to be replicated under more natural conditions (in the home or long-term care facility) to determine the usefulness of this technique. Since night wandering is a major contributor to caregiver fatigue, strategies for managing this problem might help delay institutionalization and enable persons with Alzheimer's disease to live longer in the community with their families.

### *c. Detecting Impaired Driving Ability*

A study conducted by Dr. Robert Friedland at NIA's Laboratory of Neurosciences showed that information is sorely lacking on Alzheimer patients as drivers. He found that while persons with Alzheimer's disease develop impaired judgment and may suffer vision and hearing loss related to the disease, this progression is gradual and varies markedly between individuals.

Dr. Friedland collected information through interviews with family members of 30 Alzheimer patients about the patients' driving abilities over a 5 to 10 year period. He learned that the rate of motor vehicle accidents was in fact higher among patients, and that more than half of the patients voluntarily surrendered their driving privileges, either on their own initiative or at the request of a relative. Neither the duration nor severity of the disease was predictive of motor vehicle accidents in this group.

These preliminary findings, along with recent recommendations of the National Academy of Science's Transportation Research Board, suggest that much more information is needed on the driving abilities of older persons in general, and Alzheimer patients in particular. The researchers recommend that specific tests be developed for screening older drivers to detect impairments in vision, hearing, cognition, and psychomotor skills that interfere with driving. Until the means are available to comprehensively assess each individual's abilities, the decision to stop driving—a very personal and far-reaching one—should be arrived at jointly by the individual and family. The advice of a health professional can be invaluable when it becomes necessary to make that judgment.

### *4. Other Research on Alzheimer's Disease Supported and Conducted by the National Institutes of Health*

#### *a. National Institute of Neurological Disorders and Stroke (NINDS)*

As the principal supporter of neurological research in the United States, the National Institute of Neurological Disorders and Stroke (NINDS) is involved in the study of Alzheimer's disease. In laboratories, NINDS-supported scientists are pursuing basic studies of brain and brain cell abnormalities associated with this dementing illness; in clinical settings they are trying to improve the methods of diagnosis and treatment.

#### *The Role of Neurotransmitters*

Dr. Joseph Coyle of the Johns Hopkins University School of Medicine in Baltimore, Maryland, is studying the mechanisms that regulate the production of acetylcholine, a brain chemical found at reduced levels in the brains of Alzheimer patients. Low levels of acetylcholine are linked to difficulties with memory, learning, attention span, and judgment—cognitive deficits that characterize Alzheimer's disease. Dr. Coyle tested the drug galanthamine, which inhibits an enzyme that breaks down acetylcholine, to see if it improved memory in mouse models of Alzheimer's disease. He found that the administration of galanthamine before a swimming maze test greatly improved the ability of the mice to remember how to solve the maze. Dr. Coyle's results suggest that galanthamine might be a useful agent for reversing certain cognitive deficits associated with the loss of acetylcholine-producing neurons.

#### *Toward Improved Diagnosis*

Alzheimer's disease is often difficult to distinguish from other cognition-impairing brain disorders. Yet early and accurate diagnosis is important in understanding and coping with the disease. Dr. Miriam Aronson of Yeshiva University in New York City is addressing this problem by outlining behavioral profiles of older people with Alzheimer-type dementia. Dr. Aronson found that such patients have greater difficulty recalling objects than remembering locations. This finding, along with others that will complete the profile, may help clinicians differentiate Alzheimer's disease from other types of dementia.

Dr. W. H. Riege at the University of California, Los Angeles, and the Sepulveda Veterans Administration Hospital is studying patients whose diagnoses progressed from "questionable Alzheimer's" to "probable Alzheimer's" after 1 year. By following patients from suspected to more recognizable stages of Alzheimer's disease, and then comparing these patients with a group that did not progress to "probable Alzheimer's," Dr. Riege was able to document early, subtle differences in the two groups. He discovered that the first memory-related function to become impaired by Alzheimer's disease patients, as compared to healthy aged people, took longer to respond when asked to recognize words.

Another diagnostic tool may be developed from an already available, often-used technology called the electroencephalogram (EEG), a non-invasive monitor of brain electrical activity. NINDS scientist Dr. Philip Sheridan reports that the EEG, which currently helps confirm the diagnosis of Alzheimer's disease by ruling out other causes of dementia, may also be useful in indicating which brain regions are affected by Alzheimer's disease in individual patients. Dr. Sheridan found a correlation among data on Alzheimer patients collected by three other NINDS intramural scientists: EEG recordings by Dr. Susumu Sato, position emission tomography (PET) studies by Dr. Thomas Chase, and neuropsychological testing by Dr. Paul Fedio.

#### *b. National Institute of Allergy and Infectious Diseases (NIAID)*

Scientists from the National Institute of Allergy and Infectious Diseases (NIAID) are investigating whether Alzheimer's disease and scrapie, a rare, degenerative brain disease of sheep and goats, might be caused by a similar infectious agent, or whether different agents might be acting in similar ways to destroy the brain.

For many years, intramural NIAID scientists Drs. Bruce Cheesebro, Richard Race, and their colleagues have been carrying out some of the foremost research on scrapie. Scrapie is particularly important to researchers studying Alzheimer's disease because the latter has no true animal model.

Several years ago, the discovery in scrapie-infected tissue of large amounts of a particular protein, named prion protein (PrP), led some scientists to propose that PrP causes the animal disease. PrP is an unusual candidate for an infectious agent, however, because it is made up solely of protein and contains no genetic material. Since the PrP theory was proposed, NIAID's scientists have been designing experiments to help resolve this controversial question.

Accumulating evidence indicates that PrP probably is not the scrapie agent. Experiments have shown PrP to be a normal endogenous protein of brain, and probably other tissues as well. But scientists have also found that during scrapie infection a modified form of PrP accumulates in the brain. It is not known whether the modification occurs as an insignificant result of the disease or if, in fact, the modification changes PrP from being harmless to infectious. Some scientists have suggested that the alternate form of PrP may, in fact, be the transmissible agent and the cause of scrapie.

Because it remains uncertain what role PrP plays in inducing scrapie disease, Drs. Cheesebro and Race, and their colleagues, collaborated with NIAID grantee Dr. Michael Buchmeier of Scripps Clinic and Research Foundation in La Jolla, CA, and recently conducted the first direct experiment to test whether PrP is the agent of the disease. They transferred cloned PrP DNA into mouse cells and then inoculated these cells into mice. These cells failed to transmit scrapie to susceptible mice, directly demonstrating that unmodified PrP is not the scrapie agent.

It is still possible, however, that modified form of PrP is the disease agent or a component of it, or that PrP may be indirectly involved in causing disease. Some evidence suggests that the observed aggregates of PrP might bind nonspecifically to a conventional infectious agent. If so, extensive clumping might change the apparent biophysical properties of the agent, thereby helping or hindering its infectivity.

### *c. Division of Research Resources (DRR)*

The Biomedical Research Support (BRS) Program funds thousands of health-related research projects at institutions across the United States. It provides a pool of flexible funds to institutions heavily engaged in Public Health Service-funded research aimed at meeting particular research-related needs not usually covered by other grants. In addition, the awards may complement or supplement regular Public Health Service research grants.

In a BRS-funded study conducted at the University of California at Los Angeles Neuropsychiatric Institute grantee Dr. Gray Small found that the antigen, HLA-A2, was present in a group of men who developed Alzheimer's disease before the age of 60. These results indicate that blood tests for the presence of HLA-A2 may help identify men who are susceptible to early onset Alzheimer's disease. While the cause of Alzheimer's disease is unknown, some studies indicate that it progresses more rapidly in people who develop it before age 60.

The study separated 36 men and women with Alzheimer's disease into groups whose symptoms began before age 60 and after that age. Subjects were also subdivided by sex. Blood samples were analyzed for six different histocompatibility antigens associated with Alzheimer's disease in earlier studies. The investigators found that HLA-A2 was present in all males with early onset Alzheimer's disease, a fequency significantly higher than that for the study's other groups.

The researchers believe that HLA-A2 may be helpful in identifying more homogenous subgroups of patients with Alzheimer's disease. This in turn may help identify possible approaches to therapy that would lead to specific treatments.

## *5. Outlook*

This past year, the National Institutes of Health took a major step in support of Alzheimer's disease research with the formation of an NIH-wide Alzheimer's Disease Coordinating Committee, organized and chaired by the National Institute on Aging Office of Alzheimer's Disease Research.

In addition, the NIA announced the establishment of two new Alzheimer's Disease Research Centers, as well as a special group of awards for Leadership and Excellence in Alzheimer's Disease (LEAD). The LEAD awards, given this year to scientists at Duke University and Harvard Medical School, are designed to strengthen senior investigators' capabilities by providing up to 7 years of major funding support for their own research and for the development of outstanding junior investigators.

Also this year, the Institute's Office of Alzheimer's Disease Research hosted a conference to discuss methods and problems in the development of patient registries for dementing diseases. The meeting brought together NIA-supported scientists, experts who have worked with other disease-oriented registries, and representatives of more than 15 State governments and special interest groups working on patient registries to suit their needs.

In the area of international research, the NIA and the World Health Organization Special Program for Research on Aging developed a program announcement for proposals for cross-cultural investigations on the epidemiology of Alzheimer's disease and other dementias of later life. The announcement emphasized the need to examine the incidence, prevalence, and risk factors of Alzheimer's disease among various populations worldwide, and to develop specialized tests to identify dementia in different cultures.

The Institute's Information Office laid the groundwork to establish a national Alzheimer's Disease Education Center, as required by Public Law 99-660, in fiscal year 1989 by: (1) Conducting a comprehensive search of lay literature on Alzheimer's disease, (2) developing a directory of organizations providing services to patients and families, and (3) developing a strategy plan for a national clearinghouse that will provide information on the disease, its consequences, potential treatments, and new research.

The six pilot Alzheimer's Disease Patient Registries (ADPR's), initially funded in September 1986, are continuing to investigate refinement of diagnostic criteria and more precise determination of the public health burden of disease. An important goal of the ADPR's is further investigation of methods for assessing possible risk factors which may eventually lead to unraveling the etiology of the disease.

New research initiatives for the coming year include a major drive, in cooperation with the National Center for Nursing Research, to support research on the burden of the Alzheimer caregiver; development of a tissue bank as a resource to scientists studying the biology and genetics of the disease; and expansion of the Institute's ADRC program with three new centers, as well as expansion of NIH-supported research into the causes, diagnosis, and treatment of Alzheimer's disease.

These and other NIH programs on Alzheimer's disease are aimed at better diagnosis, care, and treatment for the 2.5 to 3 million Americans who suffer from it. While the long-term reward may be a way to cure and possibly prevent Alzheimer's disease, there is an immediate need for better care for patients and hope for families who bear the financial and psychological burdens for their care.

## B. UNDERSTANDING AGING

Proposed theories of aging have ranged from the concept of purely genetic control of aging to the concept of environmental assaults to organisms which culminate in death. Most experts now believe that aging is not explainable by a single mechanism, but represents many interactive biological, behavioral, and social processes. Research supported by the NIA is helping to unravel the mysteries surrounding the processes of normal aging.

### *1. Molecular Genetics in Aging Research*

Life span is determined in part by genetic events. Thus, to fully understand the aging process, it is essential to discover the genetic elements of senescence and longevity. NIA-supported researchers are looking for proteins, messenger RNAs, and other signals of aging, which form the basis for the limited life span of cells.

Dr. Vicent J. Cristofalo, at the Wistar Institute in Philadelphia, has observed that young cells respond to a number of growth factors that trigger replication, or reproduction, while old cells do not. Three distinct growth factors must be present for cell replication to continue without interruption. A series of secondary messenger-signalling reactions transmit the stimulus of the growth factors within the cell. Dr. Cristolfalo has found that one of these reactions is activated similarly in young and old cells, while an inhibitory signal is over-expressed in young and old cells, while an inhibitory signal is over-expressed in senescent cells.

The genetic control of aging is also being studied in the yeast, *Saccharomyces cerevisiae*. Yeast was chosen because it exhibits aging behavior, and because it has an easily manipulated genetic system. Aging in yeast cells, as in human cells, appears to be a dominant feature that is governed by molecules that are transferred from mother to daughter cells. It appears that a number of genes are specifically expressed in the aged cells, and that the products of these genes may be causally related to the aging phenomena.

Dr. Michal S. Jazwinski, at Louisiana State University in New Orleans, has been studying yeast cells to learn which genes are differentially expressed during the life span. He has identified eight such genes, which display several different patterns of expression. The expression of two of these genes is senescence-dependent, but not cell cycle dependent. The exact nature of these genes remains to be clarified, but it is hoped that analogies will be found between yeast and mammalian systems.

At Texas A and M University in College Station, Dr. David L. Busbee is studying DNA polymerase alpha, an enzyme needed for DNA replication. DNA polymerase alpha is found in adult human cells in two forms. One is highly active and identical to the form found in fetal cells. The other has low activity, but can be activated by specific introcellular phosphorylated compounds. Dr. Busbee believes that as cells age, they may lose their ability to replicate DNA because they express this less active form of this enzyme. He found that old cells have an abundance of the less active form of DNA polymerase alpha. This enzyme may be one factor in the loss of cell proliferation potential with age, and may also be a good biomarker for aging.

Scientists recently discovered that aging cells sometimes copy information normally from genes, but that this information is inefficiently processed into a form suitable for the synthesis of the corresponding proteins. Drs. Judith Campisi and Richard Miller, at Boston University, and Dr. Kuang Chen at Rutgers University in Piscataway, NJ, found that proteins involved in regulating the cell cycle are among those that cannot be processed correctly.

Many regulatory proteins are responsible for the control of cell growth and development. Progress is being made toward identifying some of these substances and understanding how cells age. This information will be useful not only in understanding how humans age, but it will also increase our knowledge of cell transformation, wound healing, tissue regeneration, and abnormal cell growth.

Studies by NIA intramural scientists Dr. Nikki Holbrook and Dr. Joseph Fargnoli are exploring whether response to heat-induced stress is altered as a function of aging, as well as possible molecular mechanisms for the altered response to heat shock. The investigators took skin and lung cells from old and young rats, and grew them in culture. Preliminary experiments measured the presence of heat shock protein (HSP 70) before and after heat shock. The experiments revealed that heat-stressed cells from old rats had lower accumulations of HSP 70 than those of younger rats, and were therefore less able to respond to heat-induced stress. These studies may well contribute to our understanding of the physiological role of HSP 70 and its possible association with the age-related decline in the ability of mammals to cope with environmental stress.

### *2. Neuropsychology and Cognitive Psychology of Aging*

Over the years, scientists have identified a number of ways that vision can deteriorate with aging. While the majority of older people maintain good eyesight, such eye disorders as presbyopia, cataracts, and glaucoma become more common with age, as do more subtle changes such as difficulty in focusing, adjusting to glare, and perceiving color. Until recently, there was very little information on how minor visual changes associated with aging affect the everyday lives of older people.

At Northwestern University in Chicago, IL, Dr. Robert Sekuler and his colleagues conducted two surveys to identify and categorize the most common problems older people face as a result of changes in their vision. In the early 1980's, Dr. Sekuler found that older adults with normal vision sometimes had difficulty seeing large or moving objects.

In the current study, participants were asked about visual problems associated with driving, reading, seeing in dimly and brightly lit environments, recognizing faces, and other everyday tasks. The study revealed that, in general, older people had greater difficulty than younger people in reading signs, particularly if they were moving or against a background of other signs; seeing at dusk; adjusting to and seeing in a dimly lit room; reading small print; and distinguishing dark colors. Certain complaints, such as those related to seeing at dusk, increased gradually with age. Others, such as problems in reading small print, increased more rapidly. Interestingly, it was the young individuals, not the older people, who had problems with glare and bright light.

Although these changes could make it more difficult for an older person to drive, read, or maintain a normal social life, we still don't know how well people learn to adapt to changing capabilities. Further research might reveal ways to detect any problems that occur and correct them to make life safer and more comfortable for older people.

### *3. Neurobiology of Aging*

While it is no surprise that experiences as infants can affect the way humans develop, as well as the way they behave throughout their lives, new evidence suggests that those same experiences might affect how people age as well.

Scientists have never been able to explain the vast differences in how aging affects brain functioning. NIA grantee Dr. Robert Sapolsky and his colleagues at Stanford University in California speculate that the experience of newborns may be one of the critical factors.

Several years ago, Dr. Sapolsky reported that frequent handling of newborn rats increased the number of glucocorticoid (GS) receptors in the animals' brains. GC's are hormones secreted during stress and, to a lesser extent, during rest. GC receptors bind with these stress hormones and take them out of circulation once they are no longer needed.

For some time, investigators have known the value of GC's as an acute response to stress. The levels produced by chronic stress, however, can cause hypertension, impotency, and a host of other stress-related disorders. High levels of GC's circulating in the brain can inhibit the brain cells' ability to use glucose, their main source of energy, and set off a host of other reactions that result in cell death. In the normal aging brain, the hippocampus—the part of the brain linked to memory and learning—seems particularly vulnerable to the negative effects of stress hormones.

In his most recent work, Dr. Sapolsky finds that frequent handling of newborn rats lead to permanent increases in the numbers of GC receptors, thereby protecting brain cells against life-time exposure ot the harmful effects of stress hormones.

Dr. Sapolsky and his colleagues took, a group of rats, handled them 15 minutes per day for the first 3 weeks of their lives, and then observed the differences between these rats and a group of control rats at 6 months, 1 year, and 2 years of age. At all ages, the experimental rats had greater numbers of GC receptors in the hippocampus than did the controls. As they aged, the handled rats were able to terminate secretion of GC's more rapidly after stress, and to maintain lower levels of GC's while at rest. As a result, they suffered less brain cell death and were able to perform selected memory tests as well as did younger rats.

### *4. Baltimore Longitudinal Study on Aging*

The Baltimore Longitudinal Study on Aging (BLSA) is a unique resource for the study of human aging. The study population is a group of community-dwelling men and women ranging from 20 to 95 years of age. The volunteer subjects, who are enrolled for their lifetimes, return to Baltimore every 2 years for re-evaluation. BLSA participants are intensively studied for physiological and behavioral changes; patterns of age changes are identified; mechanisms underlying the changes are elucidated; disease/aging interactions are evaluated; and normative standards as influenced by age are defined.

A 17-year study of nearly 400 healthy males participating in the BLSA provides strong evidence that a diet containing moderate amounts of fiber lowers the risk for developing coronary heart disease. Coronary heart disease (CHD) is the leading killer in the United States. Despite the fact that the death rate from CHD has plummeted nearly 40 percent over the past 25 years, in 1987 almost 800,000 Americans died from a heart disorder.

Numerous reports from medical literature indicate that individuals with increased risk for CHD (those with elevated blood cholesterol, hypertension, or diabetes) may decrease their chances of CHD by adding fiber to their diets. However, few studies have investigated the efficacy of fiber for preventing CHD in a healthy population. Such was the focus of a study led by NIA intramural scientist, Dr. Judith Hallfrisch and her colleagues.

The investigators analyzed crude (insoluble) fiber intake (e.g., bran cereals, whole wheat bread, celery) in 380 male participants in the BLSA, ranging in age from their twenties to eighties when the data were initially collected. Data analysis from self-reports of food intake showed that for the six primary coronary risk factors studied (systolic and diastolic blood pressure, triglycerides, serum cholesterol, and fasting and 2-hour glucose measurements), a diet high in fiber did have beneficial effects. These included lower diastolic blood pressure, lower blood lipid levels, and somewhat lower serum cholesterol levels. Of even greater significance were the differences observed in the blood levels of triglycerides. After age, obesity, and caloric intake were adjusted for, men consuming more than 6 grams of fiber daily had considerably lower triglyceride levels than men eating less than half that amount of fiber. Glucose levels were also lower for subjects with a higher fiber intake than for participants with a lower intake.

These research results suggest that healthy individuals can lower coronary risk factors, and presumably, their chances for developing coronary heart disease, by increasing the fiber content of their diets.

In another long-running study, NIA intramural researchers Drs. Elizabeth A. Robertson-Tchabo, David Arenberg, Jordan Tobin, and Ms. Judith Plotz, compared age changes in cognition between noninsulin-dependent men with diabetes and normal, healthy controls in the BLSA. Results of selected memory tests, after adjusting for education, showed little or no difference between people with diabetes and the age-matched controls. These analyses gave little support for the notion that diabetes accelerates cognitive aging. [Conclusive results concerning the influence of diabetes on an individual's cognitive abilities are not yet available. Research continues on this important question. For example, see the National Institute of Diabetes and Digestive and Kidney Diseases add-on to this report (Section III.H) for an additional perspective.]

Although glucose tolerance (the ability to metabolize sugar) often decreases with age, making noninsulin-dependent diabetes mellitus more prevalent in the later years, most people will never develop clinically diagnosed diabetes. In the past, doctors often misdiagnosed this change as indicative of diabetes. Today, however, many such deviations in glucose tolerance are viewed as normal, and therefore do not always warrant treatment.

### *5. Immunology and Aging*

While research has shown that advancing age is accompanied by changes in immune function that make older individuals more vulnerable to disease, the mechanisms underlying age-associated changes in immune function are complex and poorly understood. Dr. Marilyn L. Thoman, of Scripps Clinic and Research Foundation in La Jolla, CA, has found that the aging immune system is made up of responding and nonresponding immune cells, rather than partially responding cells.

Dr. Thoman has focused on the inability of aging mice to produce a lymphokine known as interleukin-2 (IL-2). Lymphokines are powerful proteins secreted by T cells, a class of lymphocytes (or immune cells). IL-2 plays an integral role in initiating and maintaining immune responses by stimulating the production of "killer" T cells, special T cells that bind to an invading cell and then secrete toxins to kill it. In order to respond to IL-2, a cell must have (or express) special receptors on its surface to which IL-2 can bind.

Dr. Thoman found that when cells from old animals were triggered to express the IL-2 receptors, fewer aged cells expressed receptors than did similarly activated cells from young animals. When old cells with IL-2 receptors were separated from old cells without these receptors, the receptor-positive cells resembled young cells in their ability to respond to IL-2. These data support the theory that the old cell population is a mixture of normally responding and nonresponding cells, rather than a population of partially responding cells.

Dr. Thoman's findings provide more information about how immune cells work in older animals. It is anticipated that the results of this and other NIA-supported studies might ultimately lead to treatments that might halt or reverse the aging of the immune system, thereby improving the quality of life for older people through better health.

### *6. Epidemiologic and Demographic Studies*

The four NIA Established Populations for Epidemiologic Studies of the Elderly (EPESE), including the North Carolina study which is designed to include more than 50 percent older black persons, are likely to provide important insights into both demography and disease in older people, as well as an understanding of successful aging.

NIA epidemiologist Dr. Andrea LaCroix, after analyzing data collected in the EPESE studies, found that among subjects without previous history of heart attack, those with exertional chest pain were at increased risk of coronary heart disease (CHD) mortality during the following 3 years. In addition, exertional chest pain was a stronger risk factor for older women than for older men.

In another study, NIA epidemiologist Dr. Jack Guralnik examined long-term predictors of high levels of physical functioning in a representative sample of persons born between 1885 and 1919. The researchers identified a number of variables as predictors of high levels of physical functioning. These included race (non-black); higher family income level; absence of hypertension, arthritis, and back pain; being a nonsmoker; having normal weight; and consuming moderate amounts of alcohol. Neither sex was more likely to have high function due to the counterbalancing of a higher survival in females against the greater likelihood of high functioning among surviving males.

Although macular degeneration (of the retina) and opacifying disease of the lens are both strongly related to advancing age, their pathogeneses are generally thought to be unrelated. Among participants in the National Health and Nutrition Examination Survey I, it has now been demonstrated that the odds of having concomitant macular degeneration are significantly increased among persons with lens opacities, slightly increased among those with cataracts, and much greater among persons who have no crystalline lens (almost always attributable to prior cataract extraction). These observations suggest a sharing of some pathogenic factors, and support earlier suggestions that the cataractous lens protects the retina, as well as an increased vulnerability of the retina to the injurious effects of light once the lens has been removed.

### *7. The Oldest Old*

Male life expectancy at age 30 could be increased by more than 15 years, from 74 to nearly 90 years of age, if certain known risk factors—such as smoking, cholesterol, high blood pressure, and obesity—were eliminated. This is one conclusion of NIA grantee Dr. Kenneth G. Manton and his colleagues at Duke University in Durham, NC, who simulated the effect of different risk factor profiles for estimated life expectancy.

Based on data from the Framingham Heart Study, Dr. Manton analyzed different combinations of biological and behavioral factors to determine the maximum life expectancy for that model. By experimenting with different risk factor profiles, he predicted how much life expectancy could be extended for each simulation. For example, how long could life be extended by eliminating major risk factors such as smoking, high blood pressure, obesity, and high cholesterol? Results from this study provide clear indications that life can be extended beyond the commonly assumed average limit of 85 years of age. Furthermore, this might be accomplished without altering basic aging processes or eliminating such major causes of death (e.g., cancer and heart disease), and major chronic degenerative disorders (e.g., osteoporosis, osteoarthritis, and Alzheimer's disease).

Forecasting life expectancy is immensely important for estimating the dramatic changes that are anticipated in the number of people 85 years of age and older (the oldest old) and the consequent impact on the quality of life for people of all ages. In particular, such forecasting is vital to public policy makers who plan for the future case—especially long-term care—of older people in society, as well as those planning public health interventions to reduce risk factors.

## C. STRATEGIES FOR PROMOTING HEALTH AND EFFECTIVE FUNCTIONING

Research is now documenting social and behavioral risk factors for morbidity and mortality in old age, identifying previously neglected health concerns and behavioral problems in community-dwelling older people, and evaluating the impacts of socio-behavioral and environmental interventions on the health and effective functioning of older individuals.

### *1. Health Attitudes and Health Behaviors*

Older people are more likely than younger people to take steps to prevent or treat serious illness. NIA grantee Dr. Howard Leventhal—formerly at the University of Wisconsin's Department of Psychology and now at the Institute of Health, Health Care Policy, and Aging Research at Rutgers University in New Brunswick, NY—and his colleagues began a series of studies to look at how older people respond to illness and why certain behavior choices are made. Data revealed that older people (aged 60 years and above) more often report that they comply with healthy dietary practices, avoid harmful health habits, and pay attention to air and water quality than do younger individuals. Older people also see a physician more regularly and are more likely to follow medical advice or recommended treatments.

No single reason has been found for these behavior choices. Researchers speculate that differences between age groups may result from differences in motivation. Older persons in the study tended to take preventive actions to minimize the threat of an actual illness and to eliminate the stress and fatigue caused by that perceived threat. On the other hand, younger persons, because they appeared to tolerate the stress, delayed seeking medical care for fear of finding serious illness.

There are, however, circumstances under which older people delay seeking care. For example, they are less likely than younger people to regard physical weakness and body aches as signs of illness. Rather, these symptoms were interpreted as "normal" signs of aging and, therefore, did not cause enough stress to warrant medical attention.

### *2. Pharmaceutical Research and Aging*

Sex hormones regulate numerous physiological processes in animals and man. The lack of these hormones has been linked to a number of age-associated deficits, including osteoporosis and a reduction in muscular strength.

Hormone supplements can maintain the body's need for the missing hormone, thereby preserving the system's functional capacity. However, providing these supplements is not a simple matter. Natural hormones are too insoluble and too easily metabolized to be administered in tablet form. The standard type of supplementation can increase the risk of hormone-dependent cancers, and it invariably causes enlargement of the prostate in older men. While chemically modified hormones can be administered, these medications often tax the liver.

In an effort to bypass these problems, Dr. Josef Pitha at the NIA Gerontology Research Center in Baltimore, MD, recently developed a new pharmaceutical form of the male and female sex hormones, testosterone and estrogen/progestogen respectively. Oral administration is accomplished by placing the tablet under the tongue (sublingually). The tablet is mixed with a chemical, derived from starch, that helps it enter the bloodstream rapidly, and the hormone is absorbed within a few hours.

The investigators also wondered if, in order to be fully therapeutic, elevated concentrations of these hormones were necessary for longer than several hours. To address this question, Dr. Pitha collaborated with Drs. George Taylor and Reta C. Rupich at the University of Missouri, and Dr. George Weiss at the Max Planck Institute in Germany.

Study results showed that sex-determined behavior (e.g., the desire to mate) and muscle weight in castrasted hormone-treated rats resembled that of intact males; that significant improvement in muscle weight was obtained in the *older* male rats, while prostatic enlargement was minimal; that loss of calcium from bones of neutered female rats was largely prevented; and that supplementing intact male rats with testosterone produced additional muscle growth and increases aggressiveness.

Of major clinical significance, the study showed that elevated concentration of estrogen/progestogen and testosterone was required for only a fraction of the day. This suggests that such supplementation will not support the growth of hormone-dependent cancers.

In another study, Dr. Wayne A. Ray of Vanderbilt University has shown that an increased incidence of hip fractures in older persons is associated with the use of certain classes of psychotropic drugs. Fractures of the hip represent a serious and growing public health problem. An estimated 200,000 such fractures occur annually, with a direct cost of approximately $7 billion. The NIA is supporting continued research in this area in the expectation that increased knowledge about the problem will help reduce the number of these serious injuries, and in the associated cost for medical care.

### *3. Nutrition and Aging*

With little hard data to draw upon, some researchers have suggested that, in general, older people are not getting enough vitamins and minerals in their diets. Now, scientists have found that healthy older adults are consuming adequate amounts of iron, vitamin A, and vitamin C, all of which are essential for maintaining good health. This and other valuable information about the nutritional status of older individuals comes from one of the new long-term studies in community-living older adults.

In 1980, Dr. Philip J. Garry and coworkers at the University of New Mexico School of Medicine in Albuquerque began a study to examine the relationship between nutrition and health in a group of 304 health individials at least 60 years of age. Prior to this study, iron deficiency (or anemia) in older people has been considered a direct effect of aging. Dr. Garry's findings, however, indicate that anemia is not a normal response to aging. Significant iron deficiency in an older person should be investigated throroughly to determine the cause of the problem (the result of blood loss or chronic disease, for example). Dr. Garry concludes that older individuals do not need to take iron supplements unless a diagnosis of anemia is confirmed. In fact, other researchers have found that iron supplementation for those who are not anemic may be unwise. A recent study reports that elevated iron stores may increase the long-term risk of developing cancer of the esophagus, bladder, colon, and lung.

Interest in the vitamin A and vitamin C status of individuals has increased in recent years, primarily because of evidence linking these vitamins with the prevention of various types of cancer. However, the dietary requirements of these vitamins needed by older people to sustain their health, reduce illness, and prevent premature death have not been well documented.

In his study, Dr. Garry measured the amount of vitamin A consumed from the diet and from supplements. He found that the amount consumed exceeded the current National Research Council's recommended dietary allowance (RDA) by 40 percent in men and 56 percent in women. He also evaluated the levels of vitamin C and found that they were lower in older men than in women of the same age. This finding held true regardless of the total amount of vitamin C consumed.

Dr. Garry's data support recommendations made by an expert panel convened by the Food and Drug Administration to reduce the RDA for vitamin A for older men and women. On the other hand, the suggestion to lower the RDA for vitamin C may be unwise for older adults. In addition, a different dietary allowance for vitamin C should be considered for men and women.

This research adds important information to the growing body of knowledge about the nutritional requirements of old age. Over the next 5 years, many of the individuals in Dr. Garry's study will become 85 years of age or older. As little data have been reported on groups of this age, this population is a valuable one for ongoing research.

### 4. *Osteoporosis*

An important aspect of biomedical research on bone is concerned with the composition and properties of mineral in bone. In the past, the heterogeneity of bone cells made it difficult to assess changes that may occur with chronological aging processes. However, investigators have overcome this problem, in part, by developing a density fractionation technique which allows bone particles to be separated according to their mineral density. Since the density of bone fractions correlates well with the time of deposition of mineral particles, the profile of bone density fractions of study subjects at different ages can be used to assess changes attributable to aging.

It is well known that black women have lower rates of osteoporosis than whites. However, the reasons for this difference are unclear. Dr. Jane Potter, at the University of Nebraska in Omaha, has addressed this issue in a normative longitudinal study of bone homeostasis in black and white women. Preliminary data, when adjusted for weight, show that the difference between blacks and whites is substantially less than for unadjusted values. This finding suggests that racial differences in bone density have previously been overestimated by failing to study women of comparable weight.

Although there was no significant bone loss noted in either racial group before the age of 46, substantial loss was noted after this age in both black and white women. These data support the concept of a menopausal acceleration of bone loss. Data also indicate that 5 percent of the blacks have bone densities below the theoretical fracture threshold in the lumbar spine. These women may be a previously unidentified group at high risk for osteoporosis.

Both muscular strength and bone mass decline in older people. Yet, at present, a clear correlation between the interaction of these variables has not been established. Preliminary studies have suggested that exercise programs may protect against bone loss in older women. The NIA has recently funded a research grant, "Muscle and Bone Responses to Exercise in Elderly Women," which is following up on these findings to determine the changes in both muscle strength and bone mineral density as the result of an exercise program in an older population.

The NIA is collaborating with the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) in a number of areas. The two Institutes cosponsored a briefing on osteoporosis for Congressional staff during National Osteoporosis Week (May 8 through May 14) in conjunction with the Offices of Congresswoman Olympia Snowe and Senator Charles E. Grassley. Staff from NIA and NIAMS collaborated on structuring the agenda and participated in discussions on such topics as research on osteoporosis, health care practice, type of osteoporosis, screening techniques used in measuring bone density, and international research studies.

Most recent osteoporosis research has been directed toward the Type I (estrogen dependent) form. However, both NIA and NIAMS are interested in other forms of osteoporosis, including Type II (age dependent osteoporosis). Type II osteoporosis is of particular interest to the NIA because it occurs in both men and women over the age of 75 years. In September 1988, NIA and NIAMS issued a joint program announcement expressing the Institutes' interest in research on the identification and cause of Type II osteoporosis syndrome.

### 5. *Frailty and Injury Control*

Deficits in muscle strength, balance, and gait contribute to functional limitations and fall-related injuries. Evidence from NIA-supported studies is accumulating which indicates that physical deficits among older people are to some extent preventable or reversible. For example, small-scale studies with older persons demonstrate that exercise regimens can retard the age-related loss of bone, increase cardiopulmonary fitness, and improve glucose tolerance. Recent NIA-supported pilot studies have extened this work to a very frail older population (men over age 90).

Findings from these studies indicate that strength training can dramatically increase muscle mass and strength.

Injuries are a leading cause of disability and death in old age. Falls, the major type of injury among older persons, are associated with hip fractures and long-term disabilities resulting in costly health care utilization and diminished quality of life. Falls are not, however, an inevitable consequence of aging and can often be prevented through environmental and behavioral interventions.

Research supported by the Institute at the Kaiser Foundation Hospitals in Portland, OR, has shown that a comprehensive falls prevention program can significantly reduce the number of falls suffered by older people. Over a 2-year period, participants in a falls prevention program (including home assessments to modify environmental risks and group health education sessions to increase appropriate health practices) reported a fall rate approximately 20 percent lower than that of persons in a control group who did not receive any interventions. A falls prevention program may, however, have the unintended consequence of *increasing* overall exposure to risk by encouraging increased activity and exercise. The fact that the intervention group was more likely to fall away from home than at home suggests the possible beneficial effect of communitywide environmental risk modification.

A prospective study of the psychobiology of falls in older persons is unravelling the multicausality of falls. Falls among robust older persons are more likely to occur outside the home. This is in contrast to other findings—based on more frail populations—that falls occur most often within the home. This study documents the important role that environmental hazards play in falling, and recommends strategies for modifying the environment to lower the risks for falls. Lower levels of strength and endurance are also associated with "new fallers" as compared to "nonfallers," and suggests the benefit of an exercise program to enhance strength.

The NIA has initiated an injury prevention and control initiative with two key emphases: (1) basic epidemiologic research to gain wider knowledge of the interacting biomedical, social, and behavioral risk factors for injuries, and the associated morbidities and needs for health care; and (2) clinical trails to test different medical, behavioral and environmental strategies for reducing frailty and the risks of falls and/or for improving recovery from falls-related injuries.

### *6. Minority Aging*

In 1986, the NIA issued a program announcement calling for planning activities and preliminary research aimed at increasing support for studies in the area of minority aging. Awards funded as a result of this announcement focused on such topics as health behavior and factors related to the well-being of older Asian Americans, selected characteristics of aging black persons who have both hypertension and diabetes, examination of health perceptions, behaviors and outcomes among older blacks, and clarification of the relationship between, functional levels and the presence of specific clinical conditions in older minority populations.

The NIA continually solicits high quality research applications by means of a program announcement entitled "Minority Aging," which is reissued periodically in the *NIH Guide to Grants and Contracts*. It is hoped that this announcement will attract investigators from historically black colleges and universities, as well as the rest of the academic community.

The NIA recently established a work group on minority aging with broad representation from the various programs and components of the Institute. The objectives of the workgroup are to develop increased opportunities for the recruitment and participation of minorities in research on aging, as well as increased emphasis on research issues relevant to minority aging. Activities will ultimately span both the intramural and extramural training and research programs of the Institute. The working group expects to seek early input from the scientific community, especially minorities, and the National Advisory Council on Aging in its planning efforts.

Efforts to increase the participation of minority investigators will include such activities as supplemental awards to ongoing research at major institutions for support of minority researchers; increased opportunities for involvement in research and training activities during summer months; increased opportunities for short- and long-term training; and the development of mentor relationships between established and new minority investigators. Priority areas of research in minority aging will be identified, and appropriate program announcements developed.

### *7. Urinary Incontinence*

Loss of bladder control, known as urinary incontinence, affects at least 10 million adult Americans over the age of 60, including approximately 30 percent of community-dwelling older people and at least one-half of all nursing home residents. Although it is a relatively common problem, incontinence is not an inevitable consequence of aging. It is a medical condition that can be caused by many factors, including neurologic impairment, immobility, illness, confusion, and medications.

Most people do not seek medical attention for incontinence because they believe that nothing can be done to improve their problem. Researchers are now showing that incontinence can be treated successfully in both healthy individuals living at home and in severely disabled nursing home residents. In many cases, incontinence can be cured without invasive procedures, and it can almost always be managed without the use of indwelling catheters.

A number of NIA-supported researchers have developed behavioral therapies—including scheduled voiding and biofeedback techniques—to control urinary incontinence. Dr. J. Andrew Fantl of the Medical College of Virginia in Richmond placed 125 women aged 55 years and older on a 6-week program of scheduled voidings (individuals void at predetermined times to prevent voiding in between schedules). Incontinent episodes dropped significantly from an average of 22 to 9 episodes per week.

Using biofeedback, people with incontinence can learn to sense bladder filling, regain control over urinary muscles, and delay voiding until they can reach a toilet. Dr. Patricia A. Burns, of the State University of New York in Buffalo, evaluated this therapy in 135 incontinent community-living women. The women were randomly assigned to an exercise program to strengthen the muscles that help close the bladder outlet (Kegel exercises), biofeedback plus Kegel exercises, or a control group (no treatment). Seventy-two percent of the women in the combined treatment program improved, compared with 68 percent of those using exercise alone and only 11 percent of controls.

In a related study, NIA intramural scientists Drs. Kathryn L. Burgio and Bernard T. Engel demonstrated that behavioral training, with or without biofeedback, is highly effective when provided by a nurse practitioner working with an internist-geriatrician. Behavioral treatments, which have been developed by psychologists and other specialists, can control urinary incontinence in community-dwelling individuals, but they are not widely used by general physicians. This study, conducted at the NIA Gerontology Research Center in Baltimore, showed that behavioral therapy can be performed by general physicians and/or associated staff, thus increasing its availability.

NIA-supported studies have shown that behavioral therapies can be used to help control incontinence in nursing home patients as well as community-living older adults. NIA grantee Dr. John F. Schneele of Middle Tennessee State University in Murfreesboro studied prompted voiding in 126 incontinent nursing home patients who were severely disabled. Patients were asked hourly if they needed to void. Positive reinforcement was given for appropriate toileting. During treatment, 85 percent of the patients in this study had fewer incontinent episodes. In a similar study by Dr. Teh-wei Hu, who recently became affiliated with the University of California at Berkeley, studied 133 women in 7 nursing homes. Prompted voiding became effective after 6 weeks of training, with a 26 percent reduction in incontinent episodes.

Nursing home patients also can use biofeedback to prevent incontinence. A study conducted by NIA grantee Dr. Pat D. O'Donnell at the University of Arkansas for Medical Sciences in Little Rock found that after 5 weeks of biofeedback training, male nursing home residents over age 65 could use biofeedback to reduce the number of incontinent episodes significantly. In addition, the amount of involuntary urine loss was reduced by more than half in these individuals.

In October 1988, the NIA sponsored a Consensus Development Conference to examine the prevalence of urinary incontinence in adults, as well as the clinical, psychological, and social impact of incontinence among persons living at home and in institutions. The Consensus panel agreed that information about urinary incontinence is increasing, but that numerous gaps still exist in our knowledge. The panel suggested a number of directions for future research, including studies of the risk factors for developing incontinence, prevention strategies, and new therapies.

### *8. Arthritis and Aging*

Osteoarthritis, an age-related disease of unknown cause, is characterized by slowly developing local joint pain, stiffness, limitation of motion, and possible deformity. It is the most common form of arthritis and affects most adults over age 60.

The debilitating impact of arthritis on an older person's ability to function is well documented. Little is known, however, about the impact of different types of arthritis on an individual's ability to perform daily activities. Dr. Edward H. Yelin, at the University of California at San Francisco, has found that while osteoarthritis (OA) negatively affected some of the activities evaluated in his study, rheumatoid arthritis (RA) had a negative impact on all activities. These activities included household chores, shopping and errands, social relationships, leisure pursuits, religious activities, public or volunteer work, and employment.

Dr. Maradee A. Davis, also at the University of California at San Francisco, is currently analyzing epidemiological data on persons over age 50 to learn more about the risk factors associated with OA. The current consensus of experts is that OA may be a disease involving several risk factors, the most important being age, sex, race, heredity, joint trauma, and obesity. However, findings so far are inconclusive on how these factors relate to the development of OA.

Dr. Davis is examining two hypotheses: the "wear and tear" process (the mechanical breakdown of the joint surface over time or through injury) and metabolic processes. Most evidence points toward a "wear and tear" process, but certain metabolic factors also appear to have a role. For example, scientists have found that persons with diabetes have elevated growth hormone levels leading to the deterioration of cartilage. Metabolic factors are also associated with obesity, which is itself a risk factor for OA. Dr. Davis is also examining how "wear and tear" and metabolic processes function with obesity as risk factors for OA. During the months ahead, her study should help clarify the respective roles played by mechanical and metabolic processes in the development of OA.

The NIA and the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) maintain regular contact to discuss on-going research, and priorities and collaborative activities in the field of osteoarthritis research. In April 1988, the two Institutes collaborated in issuing a program announcement designed to stimulate research that will provide an improved understanding of general, age-specific epidemiology; etiology (including age-related changes in function or metabolism); prevention; and treatment of osteoporosis.

## *9. Hypertension and Hypotension*

### *a. Hypertension*

Hypertension ranks as one of the most prevalent chronic conditions experienced by people age 65 and over, and is ranked as the ninth leading cause of morbidity for older people by the National Center for Health Statistics ("Current Estimates from the National Health Interview Survey," 1987). A substantial amount of the health and medical literature examines the possible relationship between cognitive abilities and high blood pressure in older people. Several previous studies have, for example, found impairment in memory and other cognitive functions among people with hypertension.

In an NIA-supported collaborative effort with the National Heart, Lung, and Blood Institute and Boston University, epidemiologists Dr. Mary E. Farmer and NIA intramural scientist Dr. Lon R. White, and their colleagues analyzed data from neuropsychologic tests administered to 2,032 participants in the Framingham Heart Study aged 55 years and older. The tests provided information on a variety of cognitive functions including language skills, memory, learning, reproduction of designs, vigilance, attention, mental control, and abstract thinking. After taking age, sex, education, and other factors into account, the investigators observed that those with increased systolic or diastolic blood pressure performed as well as those with lower blood pressures. Also, those not receiving treatment did as well as those taking antihypertensive medication.

This study failed to confirm the results found by many previous studies of the association between diminished cognition and hypertension. NIA researchers speculate that the characteristics of their sample population is one explanation for these contracting results. Unlike other studies, individuals were excluded from this analysis if they had previously had a stroke or if it was unclear whether their high blood pressure was being treated with antihypertensive medications.

This finding challenges the notion that chronic hypertension, in and of itself, has a damaging effect on an individuals cognitive ability. Instead, the authors suggest that the cognitive deterioration noted by previous investigators might be the result of sub-clinical strokes. This interpretation refocuses attention on the prevention of strokes as a promising means of avoiding the age-associated declines in cognition presently associated with cardiovascular disease.

In a related study, Dr. Merrill F. Elias and his colleagues at the University of Maine, the State University of New York at Syracuse, and Clemson University in South Carolina, found that well-educated people with high blood pressure performed as well as appropriately matched control subjects with normal blood pressure on most of the intellectual abilities assessed. However, less highly educated adults with high blood pressure performed somewhat more poorly than education-matched controls on a broad range of tests. Subsequently, in another study, Dr. Elias found that there was no significant decline in cognitive function from middle age to retirement age for hypertensive participants, nor were there any changes for people with normal blood pressure. Though further research is needed to determine why education is a factor in the cognitive functioning of hypertensive people, the study suggests that social and behaviorial variables may moderate the effects of disease on intellectual functioning.

Isolated systolic hypertension (ISH), a condition in which only the systolic blood pressure is elevated, is almost exclusively a disease of those over age 60. It greatly increases the risk of stroke and heart disease, yet little is known about whether treatment with drugs will lower this risk. The NIA and the National Heart, Lung and Blood Institute are jointly sponsoring the Systolic Hypertension in the Elderly Program (SHEP). This is a multicenter study designed to determine whether the monetary and quality of life costs, as well as other risks of antihypertensive drug treatment, are justified for those with ISH. The study, which has successfully completed recruitment of 4,736 participants in 16 sites around the United States, should answer this important question after follow-up is completed in 1991.

### *b. Hypotension*

In addition to studies on hypertension, the NIA also supports research on hypotension, abnormally low blood pressure. Dr. Lewis A. Lipsitz, of the Hebrew Rhabilitation Center for Aged, Beth Israel Hospital, and Harvard Medical School in Boston, MA, has found that minute fluctuations in blood pressure can make it difficult to diagnose hypertension or hypotension in older persons. Dr. Lipsitz and his colleagues monitored the blood pressures and heart rates of 23 healthy older people (average age of 84 years) and 9 younger people (average age of 26 years) ever 5 minutes during 30 minutes of rest in a flat position, and at 1, 3, and 6 minutes in a tilted position. The study revealed that blood pressure varied widely in the older persons tested, even when they were resting.

According to the investigators, such fluctuations can result in frequent misdiagnoses of "orthostatic hypotension," a severe drop in blood pressure when standing up. Also, diagnosis of hypertension can be inaccurate if blood pressure is measured during a temporary elevation. The study points out that this vacillation in blood pressure may be characteristic of the older population.

In the same study, the NIA researchers examined fainting and falls associated with low blood pressure. They cited national statistics revealing that almost 40 percent of persons over 65 years of age have fallen, with 6 percent of the falls resulting in fracture. One report said a loss of consciousness preceded 20 percent of falls resulting in hip fractures.

Because of the risks associated with both high and low blood pressure, Dr. Lipsitz and his colleagues have recommended that specific clinical and research criteria—taking into account blood pressure variability—be established for the diagnosis of hypotension as well as hypertension. Such criteria would help assure proper diagnosis and treatment.

## *10. Diabetes*

The NIA supports research on the relationship between aging and diabetes, a disorder frequently associated with aging. At Case Western Reserve University, in Cleveland, OH, NIA grantee Dr. Vincent M. Monnier and his colleagues are studying the changes in human collagen and assessing its role in diabetes and aging.

Collagen, the main supportive protein of skin, bone, cartilage, and connective tissue, undergoes progressive changes with aging and diabetes. One of these changes, glycation, occurs when glucose reacts with proteins and nucleic acids. Glycation can lead to the linking together of two or more molecules, thereby causing collagen-rich tissues such as arteries, skin, lung, and tendons to become progressively stiffer with age. Because of the elevated glucose levels in the blood, these changes occur more rapidly in diabetics, causing reduced elasticity in the cardiovascular system and a decline in heart and kidney function.

Dr. Monnier's studies have concentrated on the molecular mechanism responsible for those changes in human collagen. During the past 3 years, he has isolated fluorescent peptides from aged human collagen. Elevated levels of one of these peptides has been found in older people. Higher levels also appear in persons with diabetes who have impaired kidney function. The accumulation rate of collagen-linked fluorescent peptides increased with age, and was two to four times higher in persons with diabetes than in age-matched controls. This accumulation also correlates with various pathologies associated with diabetes, such as severity of retinopathy, arterial and joint stiffness, and high blood pressure.

Dr. Monnier's current research focuses on establishing the precise structure of chemical changes in tissues affected by diabetes. His studies are an important step in understanding the role of blood sugar and other sugars in mediating damage to tissues in diabetes and aging.

### *11. Digestive Diseases*

Digestive diseases and disorders are one of the primary causes of hospital admissions for older people. The NIA has developed a research focus on nutrition that includes a study on the way aging affects the intestine's ability to absorb nutrients.

According to a study using animal models of aging, conducted by Dr. Peter R. Holt at Columbia University and St. Luke's-Roosevelt Hospital Center, in New York City, certain age-related changes take place in the intestine that make it difficult to adequately absorb various nutrients. The investigators studied two groups of rats, looking at the small intestines of old rats (27 to 28 months old) and young rats (4 to 5 months old) under normal dietary conditions and after starvation and refeeding. They found sharply reduced levels of enzyme activity in the older rats, both under normal conditions and after starvation, when compared to the younger rats. Intestinal enzymes play a vital role in ensuring nutrients are absorbed efficiently. In addition, the small intestine and colon of older rats show cellular changes with the stress of starvation and refeeding that resemble well-established, pre-malignant conditions.

Changes in intestinal absorption may increase the risk for some diseases or illnesses. Weight loss and malnutrition often occur after an illness or surgery, and nutrients must be restored to return the body to normal health. The intestine of the older patient may not respond adequately to ensure such nutrient restoration.

Osteoporosis, one of the most common disorders associated with aging, may have as one of its causes a decline in intestinal absorption, especially of calcium, either because of inadequate amounts of the active form of Vitamin D, or because of intrinsic changes in the intestine. Pernicious anemia, a condition marked by a deficiency of vitamin B12 can also result. Hypochlorhydria, another syndrome the rates of which appear to increase with age, is also characterized by a decreased absorption of vitamin B12.

The researchers recommend increased research on digestive diseases in older people and cite the need to develop a non-invasive test to measure intestinal absorption and malabsorption of a variety of substances.

### *12. Work and Retirement*

Americans are living longer and possibly healthier lives. However, in 1986 only 54.9 percent of men aged 60 to 64 years old were in the labor force, despite the fact that mandatory retirement is virtually eliminated today and Social Security is moving toward delaying private retirement benefits. By comparison, in 1967 nearly 78 percent of men in this age group were working. The length of time spent in retirement continues to increase.

NIA grantee Dr. David Wise and his colleagues, at Harvard University and the National Bureau of Economic Research in Cambridge, MA, recently completed a study on retirement patterns of older people. The study found that private pension plans have a far stronger influence than Social Security provisions on retirement decisions. Data from employee surveys at three large firms and the California State Public School System showed that, when private pension plans include tempting incentives to retire early, older workers often withdraw from the labor force to take advantage of them.

Individual private pension plans are one of the many causes for the drop in labor force participation. Consequently, as the aging of the population accelerates, fewer workers will have to support more retirees. Whereas in 1970, the ratio was four workers per one nonworking retiree, by 1995 there will be only three. Barring unforeseen changes, it is anticipated that this trend will continue past 1995. Little is currently known about provisions and incentives built into private pension plans. Further study is recommended to evaluate the effect of private pension plans and Social Security on labor force participation, particularly for those older workers who are healthy and otherwise able to continue to work.

Early in 1987, the NIA convened an ad hoc advisory committee to study the data needs for research in the economics of health and retirement. The committee's report, issued in May 1988, concluded that the 1969 Longitudinal Retirement History Survey, which has served as a major basis for research on the retirement process, needs updating. Since the original survey, fundamental economic and social changes have occurred in the family structure and in the employment of women and minorities. A new survey is needed to reflect these societal changes and integrate up-to-date data on retirement, health, and the financial status of older people.

### D. LONG-TERM CARE

The NIA has had a longstanding interest in social and behavioral aspects of long-term care, and supports a growing Institute-wide research program on issues related to the need for and use of medical and nonmedical long-term care. Current studies include research on aging and formal and informal health care; active and dependent life expectancy; the effect of recent changes in the American family on intergenerational relationships and support capabilities; and the design and testing of clinical trials for biomedical, social, and behavioral interventions to reduce the need for long-term care (e.g., studies of incontinence, falls, hypertension, and cognitive impairment). The NIA Teaching Nursing Homes and the Alzheimer's Disease Research Centers each involve research relevant to medical aspects of long-term care, as will the planned Centers of Excellence in Geriatric Research and Training. The NIA also supports development of data bases which are important for assessing older people's needs for long-term care and evaluating the effectiveness of health care services and informal supports.

At the Philadelphia Geriatric Center, NIA grantee Dr. Rachel A. Pruchno and her colleague, Nancy L. Resch, recently completed a study suggesting that a permanent move from one room to another within a nursing home facility imposes a greater mortality risk for some patients than for others.

Patients often relocate within a nursing home due to changing health care needs or for administrative purposes. Health care professionals and administrators have frequently expressed their concern about the negative effects such moves have on patients. Dr. Pruchno's study was designed to learn if the mortality rates of residents who move for non-health related reasons are higher than for those who do not move, and whether competency influences a patient's adaptability. Competency was based on ratings of both physical abilities—dressing, bathing, toileting, and general mobility—and mental abilities such as memory, awareness, and the ability to communicate.

The investigators found that relocated residents who were moderately competent experienced disorientation and increased mortality rates. Relocation was associated with positive health outcomes for residents of either high competency or low competency. The study suggests that moderately competent residents are more dependent on their environment for important cues than patients with other competency levels. When familiar cues are removed, the ability to adapt diminishes.

These findings should prove useful to administrators and professional staffs at long-term care facilities, as they identify a group of people for whom room transfers are likely to be associated with increased health problems. It may be that such simple measures are involving the residents themselves (and their family members) in choosing among options, and special staff training can help ease the transition for particularly vulnerable groups.

### E. TRAINING AND CAREER DEVELOPMENT IN GERIATRICS AND AGING RESEARCH

As noted in the 1987 Institute of Medicine (IOM) report recommending geriatric centers of excellence, a sufficient number, or "critical mass," of individuals with expertise in geriatrics is required to develop future leaders in the field. To provide high-quality training to primary care providers in turn, these leaders need a range of clinical, teaching, and research abilities that can only be found in centers with a diversity of skilled personnel.

In response to the IOM report, as well as Congressional interest in such centers, the NIA would like to implement up to two Geriatric Research and Training Centers in fiscal year 1989. Plans for such centers have been coordinated with the Health Resources and Services Administration (HRSA) to assure that these centers will complement HRSA programs in geriatric training, rather than overlap with them. These centers would focus on enhancing the ability of institutions with already well-developed clinical and research activities in geriatrics to provide a strong environment for the development of future academic leaders in geriatrics.

The Institute is also initiating two other new awards which complement the Geriatric Research and Training Center Award. These are the Geriatric Research Institutional Training (GRIT) Award and the Geriatric Academic Program (GAP) Award. These two awards will provide a continuum of support from the fellowship to the faculty level. The development of geriatricians with the research abilities needed for academic leadership will generally require at least 1 to 2 years of intensive research experience at the fellowship level, followed by a substantial amount of research at the junior faculty level.

The GRIT award will support research training for physicians who have completed one or more years of clinical geriatric fellowship training. It will provide up to 2 years of intensive, substained research experience to facilitate the development of fellows as independent researchers. The GAP award is appropriate for institutions having sufficient faculty with a stable base of ongoing research in geriatrics and related disciplines to serve as mentors for several junior faculty over an extended period. This award will provide stable career development support at the junior faculty level for up to 5 years, and is designed to help assure establishment of academic careers in geriatrics.

The NIA took a major step in support of Alzheimer's disease research with the funding of the first two Leadership and Excellence in Alzheimer's Disease (LEAD) Awards. The LEAD awards, given this year to scientists at Duke University and Harvard Medical School, will allow established investigators in Alzheimer's disease research to develop outstanding junior biomedical investigators interested in working on dementias associated with aging. It is anticipated that additional LEAD awards will be made in fiscal year 1989.

The NIA intramural program—including the Gerontology Research Center in Baltimore, MD; its laboratory of Neurosciences at the NIH Clinical Center in Bethesda; and the NIA Epidemiology, Demography, and Biometry Program, also in Bethesda—are a major setting for postdoctoral training of promising young investigators (both M.D.'s and Ph.D.'s) for research careers in biomedical and behavioral sciences related to aging research and geriatrics. Other NIA research and training efforts include a series of Summer Institutes aimed at the recruitment of new postdoctoral students into the field of aging research.

## III. Other Research on Aging Supported and Conducted by the National Institutes of Health

### A. NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES (NIAMS)

The National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) supports and conducts research on diseases and conditions that affect the health of millions of older Americans. These include osteoporosis and osteoarthritis. The NIAMS also supports some research related to aging itself, such as recent work on degenerative changes in the discs of the spine.

### *1. Formation and Resorption of Bones*

NIAMS grantee Dr. B. Lawrence Rigs at the Mayo Foundation in Rochester, MN, has shown that women with the bonethinning disease, osteoporosis, experience a different pattern of bone turnover during the day and night that do women without the disease. Osteoporosis is the major underlying cause of bone fractures in postmenopausal women and older persons; as many as 90 percent of women over 75 are affected. Using biochemical markers that reflect the amount of old bone resorbed and new bone formed, the researchers found that, during the night, osteoporotic women and normal women formed new bone at about the same rate. However, while normal postmenopausal women experienced a 12 percent decrease in bone resorption during sleep, the women with osteoporosis had an 11 percent increase in the amount of bone being resorbed during the night. These findings suggest that drugs prescribed to prevent bone from being resorbed may be more effective if administered at night.

### *2. Cartilage Tissue Culture Model Developed*

NIAMS intramural scientists, in collaboration with researchers from the National Institute of Dental Research and the National Cancer Institute, have developed a new tissue culture model to grow chondrocytes, the cells that give cartilage strength and resilience. Previously, scientists who study normal and diseased cartilage have been unable to grow chondrocytes in tissue culture long enough to study the mechanisms of these cells. Using molecular biology techniques, NIAMS intramural researcher Dr. Mark Bolander and his colleagues have devised a method to maintain chondrocytes in laboratory dishes that look and act like cartilage does in the body.

The researchers believe this work in animals could be extended to establish cell lines from human diseased cartilage, such as occurs in osteoarthritis, thus providing scientists with a new model to study the process of cartilage degradation and possibly ways to treat or prevent it.

### *3. Disc Problems in the Spine*

Studies conducted by NIAMS grantee Dr. Bruce Caterson at West Virginia University Medical Center in Morgantown, suggest that disc problems in the spine, such as herniated or slipped discs, may be the result of an aging process that begins as early as young adulthood. Discs, which are composed of soft cartilage that secrete proteins, provide cushions between the bony vertebrae of the spine. Researchers believe that changes in the biochemical makeup of these proteins play a key role in how the disc will function mechanically.

Dr. Caterson used sophisticated biochemical techniques to compare changes in the disc proteins in infant and young adult human cadaver spines. Unlike the tissue from the infants, the researchers found high amounts of degraded proteins in the discs from young adults (average age 27) that was similar to disc cartilage in older persons (50 to 70 years old). These results suggest that the altered biochemical properties of the disc at an early age may make the disc more vulnerable to low back conditions later in life.

### *4. Physical Therapy Following Joint Replacement Surgery*

Researchers at the NIAMS-supported Multipurpose Arthritis and Musculoskeletal Diseases Center at the Bringham and Women's Hospital in Boston, MA, have shown that a reduction in the amount of time spent in physical therapy following surgery for total joint replacement has little effect on the patient's outcome. Total joint replacement has become a common and successful orthopedic treatment for joints severely impaired by injury or disease, particularly osteoarthritis.

Dr. Matthew H. Liang and his colleagues studied 200 patients who underwent total hip or knee replacement therapy. The researchers found that, despite large differences in the number of hours spent in physical therapy, no major differences were seen in the patients' length of hospital stay, functional ability, or the number of surgical complications. The implications of this work are important at the time of rising medical costs and decreased length of hospital stays.

## B. NATIONAL CANCER INSTITUTE (NCI)

Cancer incidence increases with increasing age. Although aging is not the cause of cancer, the two processes are related. More than 80 percent of all cancer patients are age 50 and over. This year, research advances on aging from studies conducted or funded by the NCI have contributed to understanding the molecular basis of the aging process and assessing the aging population's use of early cancer detection measures and cancer treatment resources.

### *1. Molecular Research on the Aging Process*

Research findings by Dr. Bruce Ames and colleagues, at the University of California at Berkeley, on DNA damage caused by metabolism provide support for the free-radical theory of aging. The mechanisms that cause aging have not been definitively determined, but the free-radical theory holds that aging is initiated when some of the chemical byproducts of metabolism, called free radicals, cause oxidative damage to tissues. Metabolic rate is known to be related to aging—the higher an animal's metabolic rate, the faster it ages.

Dr. Ames and his colleagues found a correlation between metabolic rate and oxidative damage to DNA in mice, rats, monkeys, and humans. As metabolism increased, the amount of DNA-damaged byproducts in the animals' urine increased. This correlation implies that the DNA damage caused by free radicals may be related to aging, thus providing evidence to support the free-radical theory of aging.

### *2. Cancer Prevention and Treatment*

NCI grantees Dr. Ronald Ross, Dr. Annilia Paganini-Hill, and colleagues at the University of Southern California in Los Angeles questioned approximately 12,000 residents, ages 48 to 100, in a retirement community in Southern California about their use of early cancer detection tests. They found that increasing age was associated with less frequent use of early detection tests for colorectal, breast, and uterine cervical cancers. The investigators also found that study participants who were under the care of a physician were more likely to use early cancer detection tests. Other frequent users of early detection tests were people who had had a previous diagnosis of a chronic disease, especially a disease that had been detected by the test itself.

In another study which assessed cancer patient involvement in clinical trials, extramural scientist Dr. Carrie Hunter and colleagues found that, although half of all cancer patients are over 65 years of age, they are much less likely to be treated in clinical trials of new cancer therapies than younger cancer patients. The researchers found that 48 percent of patients over agte 65 were eligible to participate in available clinical trials, but that only 14 percent were enrolled. This was considerably lower than the study's overall average of 56 percent eligibility and 19 percent enrollment. Clinical trial participation was greatest for cancer patients under 25 years of age, among whom 80 percent were eligible to participate and 58 percent enrolled.

### C. NATIONAL INSTITUTE OF DENTAL RESEARCH (NIDR)

Since 1984, the National Institute of Dental Research has collaborated with the NIA and the Veterans Administration to further research on oral health in older persons. The three agencies are co-funding a recently awarded Research Center on Oral Health in Aging at the University of Florida. In addition, in fiscal year 1987 the NIDR funded eight extramural projects at over $1.3 million to pursue research on the oral health of older adults. Two of these projects are 5-year longitudinal studies that seek to describe the natural history of oral diseases and identify oral, physical, medical, psychosocial, and behavioral risk factors for oral disease in the same populations included in the NIA-supported "Iowa 65+ Health Survey" and "Piedmont Health Survey of the Elderly" in North Carolina.

The NIDR has also begun a new initiative, the "Research and Action Program for Improving the Oral Health in Adults and Older Americans." Specific research activities will focus on reducing dental caries, periodontal diseases, and trauma injuries to the teeth; improving restorative dental techniques; and alleviating physical, cultural, social, economic, and environmental barriers to self-care and professionally provided services needed to help prevent tooth loss.

### D. NATIONAL EYE INSTITUTE (NEI)

More than 2 million Americans age 65 and over have severe visual impairment. This is nearly double the number that scientists predicted would be visually impaired by the year 2000. Most of this visual loss is caused by aging-related eye disorders such as glaucoma, diabetic retinopathy, and macular degeneration. With early diagnosis and treatment of these disorders, doctors can frequently help reduce or slow this loss of vision.

Two NEI grantees, Dr. Denis G. Pelli of Syracuse University in New York and Dr. John G. Robson of Cambridge University in England, have recently developed a new eye chart that will be useful for detecting the earliest stages of glaucoma and diabetic retinopathy when they are most treatable. The chart measures contrast sensitivity, the ability of the eye to detect faint images. In the 1960's, vision researchers demonstrated that contrast sensitivity is impaired when disease damages either nerve cells in the retina, the light-sensing part of the eye, or the optic nerve, which transmits visual signals from the retina to the brain where seeing actually takes place. The Pelli-Robson test is not designed to replace the traditional Snellen eye chart—which helps eye specialists determine the proper prescription for eyeglasses to correct simple refractive errors—but rather as a supplement to it.

The Pelli-Robson eye chart is currently being used in two NIE-supported multicenter clinical trials that are evaluating the effectiveness of new treatments for age-related macular degeneration (AMD) and optic neuritis. AMD occurs when changes associated with aging damage the macula, a tiny area of the retina responsible for sharp central vision. Optic neuritis, an inflammation of the optic nerve that may have several causes, leads to visual loss by interfering with the transmission of visual signals to the brain.

These clinical studies will help researchers evaluate how effectively the Pelli-Robson eye chart detects the earliest stages of AMD and optic neuritis. In turn, the chart will enable researchers to monitor how these disorders impair vision, and to collect contrast sensitivity data on patients in a controlled clinical setting.

### E. NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI)

National Heart, Lung, and Blood Institute (NHLBI) research on aging focuses on changes in the cardiovascular system in order to prevent and treat diseases associated with the aging process.

### *1. Cholesterol and Coronary Heart Disease*

High blood cholesterol is one of the three major modifiable risk factors for coronary heart disease; a person's risk of developing heart disease increases as his or her blood cholesterol level rises.

Cholesterol travels in the blood in packages known as lipoproteins, which carry cholesterol through the body. Low density lipoproteins (LDL's) transport cholesterol from the liver to other parts of the body, where it can be used. This cholesterol and fat can build up in the arteries and contribute to atherosclerosis. High density lipoproteins (HDL's) carry cholesterol back to the liver for processing or removal from the body. HDL's help remove cholesterol from the blood, preventing the accumulation of cholesterol in the walls of the arteries.

Several studies have demonstrated that HDL cholesterol measurement is inversely related to the incidence of coronary heart disease. Drs. Robert Abbott, Peter Wilson, and William Castelli at the NHLBI, along with Dr. William Kannel at Boston University in Massachusetts, have been researching the effect of HDL cholesterol as a determinant of myocardial infarction (heart attack) in men and women over the age of 50.

They studied the relation between HDL cholesterol and the development of myocardial infarction in 2,425 adults, aged 50 to 79, who were enrolled in the Framingham Heart Study. The study participants were followed for 12 years from the time of HDL cholesterol measurement in order to trace the development of myocardial infarction.

To illustrate the effects of HDL cholesterol, the 12-year, age-adjusted incidence rates of myocardial infarction were calculated by quartiles. The men in the bottom three quartiles of HDL cholesterol experienced a 60 to 70 percent greater risk of myocardial infarction, as compared to men whose HDL cholesterol levels were higher. In women, the inverse association between HDL cholesterol and myocardial infarction was much clearer. Without exception, lower concentrations of HDL cholesterol were significantly associated with an increased risk of myocardial infarction.

### *2. The Aging Heart*

Dr. James Dobson and his colleagues at the University of Massachusetts Medical Center in Worcester have been studying the role of adenosine, a naturally occurring substance, and its relationship to the depressed responsiveness of the aged heart to the nerves that enhance the heart's performance. Recent experiments with young adult and aged adult rats indicate that an increased production of adenosine in the aging heart could be responsible for the reduction in the heart's performance and its ability to deliver blood to all parts of the body. An understanding of adenosine's action is necessary in designing future drug treatments and for alleviating and preventing heart disease.

## F. NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE (NINDS)

The health of older people, who grow increasingly susceptible to disorders of the nervous system as they age, is a major concern of the National Institute of Neurological Disorders and Stroke (NINDS). The Institute's research programs include investigations of hearing loss in older people, Parkinson's disease, Alzheimer's disease (see Section II.A.4 of this report), and stroke.

### *1. Hearing Loss*

It has generally been assumed that when deafness results from destroyed hair cells in the inner ear, hearing aids are the only remedy. Regeneration of the damaged hair cells, scientists have held, is impossible and the resulting hearing loss is permanent.

Two NINDS grantees, Dr. Raul Cruz at the University of Virginia Medical Center in Charlottesville and Dr. William Henry at the University of Pennsylvania in Philadelphia, have now demonstrated in the chick that regeneration follows hair cell destruction. The scientists' findings are stimulating efforts to identify regeneration mechanisms that might be applied to presbycusis, the deafness caused by the natural, gradual loss of hair cells that accompanies aging.

### *2. Parkinson's Disease*

Nearly half a million people in the United States, most of them over age 60, have Parkinson's disease. While medication helps many maintain normal function, the body's sometimes unpredictable reaction to such medication means that the search for better drugs and better methods of administering them must continue.

NINDS grantees Drs. John Nutt and William Woodward at the Oregon Health Sciences University in Portland have demonstrated a possible way for patients to improve their responses to levodopa, the most commonly prescribed drug for Parkinson's disease. Their collaborative studies showed that lowering protein intake from the level contained in the standard American diet to that of the minimum daily requirement improves levodopa response. However, studies completed under Dr. Thomas Chase of the NINDS intramural Experimental Therapeutics Branch have indicated that diets meeting the recommended daily protein allowance have no significant effect on levodopa response. Further work is needed to determine the true relationship of dietary protein to levodopa.

For many Parkinsonian patients, the benefits of regular oral doses of levodopa begin to wear off after several years, causing serious fluctuations in motor control. In a recent patient study, Dr. Chase and his colleagues showed that continuous levodopa treatment, either by controlled release or intravenous infusion, may help stabilize these motor fluctuations by stimulating the dopamine-producing system at a relatively constant level.

Nicotine is being investigated as a possible therapeutic agent by NINDS grantee, Dr. Robert Freedman, at the University of Colorado Health Sciences Center in Denver. He has shown that nicotine increases the release of dopamine—a brain chemical whose lack causes Parkinson's disease symptoms—in several areas of the rat forebrain. Dr. Freedman has planned further animal model studies to discover the most effective dose range and the long-term effects of nicotine on dopamine release.

In addition to drugs, surgical implants are being studied as possible treatments for Parkinson's disease. Experimental surgery, first tried in Mexico 2 years ago, involved implanting the patient's own adrenal tissue (from a dopamine-producing gland near the kidney) into the brain to stimulate dopamine production there. However, initial reports of improvement in patients receiving these implants have not been substantiated in subsequent trials.

Many scientists have come to believe that adrenal implants are not viable, and that fetal tissue would be a better choice for implantation. NINDS-supported scientists at several institutions are reporting dramatic recoveries in Parkinsonian monkeys following fetal monkey brain implant surgery. In addition, a team of intramural scientists led by Dr. Krzysztof Bankiewicz of the NINDS Surgical Neurology Branch has found that simply preparing a site for implantation—without implanting any dopamine-associated tissue—stimulates increased dopamine production.

The concept of surgery involving the transplantation of fetal tissue obtained from an induced abortion has stimulated debate both within and outside the medical research community. At the request of the Assistant Secretary for Health, DHHS, a panel was convened at the National Institutes of Health in Bethesda, Maryland, to discuss the scientific and ethical issues involved in the experimental and therapeutic use of fetal tissue. The panel's recommendations are expected at the end of 1988.

## G. NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES (NIDDK)

The National Institute of diabetes and Digestive and Kidney Diseases conducts and supports research in a variety of disease areas related to aging. Among the diseases that disproportionately affect middle-aged or older people are noninsulin-dependent diabetes and benign prostatic hyperplasia.

### *1. Noninsulin-Dependent Diabetes Mellitus*

Noninsulin-dependent diabetes mellitus (NIDDM) affects about 10 million Americans who are middle-aged or older. Treatment focuses on keeping blood glucose (sugar) within a normal range and preventing complications which may include damage to the heart, blood vessels, eyes, kidneys, and nerves.

A possible new complication of NIDDM in older patients, and its relationship to blood glucose levels, was recently reported by NIDDK grantee Dr. Gerald M. Reaven and colleagues at Stanford University School of Medicine in Stanford, CA. The researchers compared the relationship between NIDDM and cognitive function in 60 people (37 with NIDDM and 23 who were nondiabetic) with a mean age of 69. Each group was given tests that measured four facets of cognitive function: abstract reasoning, complex psychomotor abilities, simple motor speed, and simple verbal skills. The researchers found that abstract reasoning and complex psychomotor abilities were reduced in patients with NIDDM. In addition, the higher the glycosylated hemoglobin concentrations, the greater the decline in cognitive function. It is not clear, however, whether the decline in cognitive function is due to hyperglycemia (too high a level of blood glucose), or whether both hyperglycemia and reduced cognitive function arise from the vascular complications of chronic diabetes.

### *2. Benign Prostatic Hyperplasia*

Benign prostatic hyperplasia (BPH) is a noncancerous enlargement of the prostate gland. As the gland expands, it constricts the urethra, blocking the flow of urine from the bladder. BPH occurs in 75 percent of men over age 50, resulting in over 350,000 surgical procedures each year to remove all or part of the prostate. Currently, no effective nonsurgical treatments are available.

Why BPH develops is not clearly understood; however, scientists believe that aging and the hormones produced by the testes are two important factors in its development. In one recent study, NIDDK grantees Drs. Craig A. Peters and Patrick C. Walsh at the Johns Hopkins University School of Medicine in Baltimore, MD, examined the influence of androgens on BPH. The researchers treated a small group of BPH patients with nafarelin acetate, a hormone blocker that inhibits the testes' production of testosterone by acting on the pituitary gland. While receiving therapy, all nine patients experienced a drop in prostate size and in testosterone levels. When therapy was discontinued, prostate size and testosterone production returned to pretreatment levels. According to the researchers, these findings suggest that testosterone plays an important role in prostate enlargement and that continuous treatment with nafarelin acetate may help certain patients who are not candidates for surgery.

## H. NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID)

The National Institute of Allergy and Infectious Diseases conducts and supports research on the prevention and biology of human diseases caused by microorganisms. Some of these organisms cause respiratory infections, such as influenza and pneumonia, which are often more serious in older people than in other age groups. Improved ways of preventing and treating these illnesses can be life-saving to older people.

In a study at nearly 20 research hospitals across the country, NIAID-supported researchers are testing the antiviral drug, rimantidine, for its effectiveness in reducing the health complications of flu in older patients. Rimantidine is chemically related to the drug, amantidine (Symmetrel), but appears to have fewer of the side effects—such as light headedness, nervousness, difficulty in concentration, and drowsiness—that place older individuals at high risk for injury from accidents.

In another study, Dr. Robert Batts, an NIAID contractor at the University of Rochester, NY, and his colleagues found that rimatidine significantly reduced flu symptoms when given within 24 hours after the first signs of illness. Patients receiving the drug recovered significantly more quickly than did those who received placebo. In addition, rimantidine appeared to cause no troublesome side effects in these older patients.

Bacterial pneumonia is another respiratory illness that can be life-threatening to older people. The currently used pneumonia vaccine is made up of molecules, called polysaccharides, from several strains of *Streptococcus pneumoniae,* the bacteria that cause pneumonia. This vaccine is not very effective in older people because polysaccharides are poor boosters of the aging immune system.

This past year, the NIAID awarded a contract to Praxis Biologics to develop an improved vaccine to prevent pneumonia in patient groups, including older people, whose immune systems are weakened. By attaching polysaccharides to protien molecules, the Praxis group plans to develop a "conjugate" vaccine with an enhanced ability to trigger an immune response. Unlike polysaccharides, proteins added to the vaccine call in a second branch of the immune system to protect against invading pneumonia bacteria. This branch, made up of bacteria-destroying T cells, also helps the immune system "remember" pneumonia bacteria, and how to fight them, from one exposure to the next.

## I. DIVISION OF RESEARCH RESOURCES (DRR)

The Division of Research Resources supports General Clinical Research Centers (GCRC's) in academic medical centers distributed across the continental United States. These centers provide the research infrastructure for multidisciplinary studies on both children and adults.

In one GCRC-funded study conducted at the Mayo Clinic in Rochester, MN, grantee Dr. Richard Eastell found evidence that bone formation rate and bone turnover increases with age. This bone remodeling plays a role in the development of osteoporosis, a reduction bone mass that leaves those affected vulnerable to fractures from even minimal trauma. Efforts to delay or prevent the age-related increase in bone turnover could be of importance in preventing hip fractures and other disabling fractures that often afflict older women.

The GCRC researchers developed a causal model, based on an imbalance between bone formation and resorption, for the age-related bone loss. Imbalance between formation and resorption results in a net loss of bone. They measured bone chemicals to determine formation rates in 12 premenopausal women, ranging in age from 31 to 43 years, and 11 postmenopausal women, ranging from 56 to 73 years old. The investigators found that protein levels were 60 percent higher in the older women, and that the bone formation rate was 100 percent higher. These observations suggest that therapeutic approaches that delay or prevent increased bone turnover will also help prevent age-related osteoporosis and its attendant risks.

While some GCRC-funded studies seek to better understand the causes and development of osteoporosis, others test promising new treatments for the disorder. Dr. Victor Schneider, a grantee at the University of Texas GCRC in Houston, has determined that low doses of fluoride may be helpful in preventing disuse osteoporosis—a loss of bone mass caused by inactivity that exposes older people to debilitating bone fractures. According to Dr. Schneider, fluoride increases bone mass and slows the onset of osteoporosis.

Dr. Schneider and his colleagues treated patients with fluoride over a 5-week period of bed rest. During this time, the investigators measured the rate and capacity to recover from disuse osteoporosis. Compared with untreated subjects, those receiving fluoride sustained only half the expected loss of calcium—a mineral that helps form the dense, hard material of teeth and bones. In fact, fluoride treatment administered in conjunction with adequate calcium intake enhanced calcium retention. No change in spinal bone mineral content was evident after the 5-week period. Balances of zinc—a mineral whose presence at a bone site indicates new bone growth—increased during the treatment, offering further evidence of heightened bone formation.

## IV. Future Directions

The NIA will continue to expand, as well as develop new initiatives in, the many research areas outlined in this report. In addition, the Institute anticipates expanded development of research activity in certain areas which currently comprise only a small portion of its research portfolio. Key areas in this category include AIDS and the older population, older rural populations, and international studies.

### A. AIDS RESEARCH

Ten percent of all AIDS cases reported in the United States since the start of the AIDS epidemic have involved people age 50 and over. For this group, the Centers of Disease Control (CDC) have received reports of over 7,000 cases, of which 1,000 have been among persons over age 65. In addition, although the precise numbers are not known, many times this number of older people may be infected with the virus (HIV) but are not yet experiencing disease symptoms of AIDS. This suggests that in the next few years, there may be a dramatic increase in the number of individuals over age 50 who become sick, or die, as a result of AIDS.

#### *1. AIDS and the Older Population*

Despite the large number of older people affected, almost no attention has been given to them. Yet, older people have unique characteristics that may influence the effects of AIDS on this population. For example, because the older population uses high rates of blood transfusions, many older persons undoubtedly received contaminated blood before 1985. Although blood banks now offer the assurance of cleaner blood products, the number of already infected older persons who may be infecting spouses or other sexual partners remains unknown.

Another characteristic of the older population is that normal functions of the immune system tend to decline with advancing age, making individuals more susceptible to a variety of illnesses. Older people may therefore also be at increased risk of AIDS—a possibility that is being investigated. In addition, symptoms of AIDS-related diseases appear to develop more quickly in older persons, once infected, than in infected younger individuals. Preliminary data collected by the Centers for Disease Control suggest that the time between receiving infected blood through a transfusion and being diagnosed with AIDS is shorter in older patients than it is in younger patients.

Other aspects of the AIDS epidemic will affect older people as well. For example, older people, who are currently the major users of health care, will also be increasingly competitive with AIDS patients for scarce health resources; and many will become caretakers of younger family members with AIDS.

### *2. NIA-Supported AIDS Research*

The aging immune system has been studied for many years by NIA intramural scientists at the Gerontology Research Center, Baltimore, MD. Dr. William Adler began examining AIDS-related cases in 1983. He recently found, in collaboration with investigators at the National Institute on Drug Abuse, that use of amyl nitrate—a quick acting stimulant frequently abused by homosexual males—increased the incidence of Kaposi's Sarcoma in persons with AIDS.

Dr. Adler and his colleagues noted that certain drugs can affect immune function, and that the incidence of Kaposi's Sarcoma is higher in infected persons who are homosexual, compared with infected persons abusing intravenous drugs. This led to an examination of various immune functions to determine if amyl nitrate influenced the course of HIV infection.

The investigators found that inhaling amyl nitrate resulted in a decrease in T cells, the blood cells responsible for producing immunity and protecting the body from disease. This caused a significant decline in immune functions. Thus, it appears that infected homosexual men are more likely to develop Kaposi's Sarcoma if they used amyl nitrate than if they did not use this drug.

In early 1988, the NIA commissioned experts form across the country to analyze the social and behavioral implications of AIDS for the older population and to offer recommendations for research directions. This advisory group, together with representatives from other agencies, met at NIH in May 1988 to discuss their reports. Edited versions of these papers are being published in the book, *AIDS in an Aging Society: What We Need to Know.*

Many of the problems identified in these papers focus on the inadequacy of available psychosocial and epidemiological data about HIV and AIDS among middle-aged and older people. Especially needed are studies of sexual attitudes and practices of older persons, and studies addressing the anticipated increased need for health services. Many problems faced by AIDS patients are similar to those of older persons who require long-term care. Thus, research on factors affecting the care of each of these groups—such as accessibility, quality and coordination of services, and costs—will also benefit both.

## B. OLDER RURAL POPULATIONS

The NIA supports behavioral, social, biomedical, and epidemiological research on older rural people. The NIA-supported "Iowa 65+ Health Survey" and the "Piedmont Health Survey of the Elderly," begun in 1981 and 1984 respectively, address the health of older, rural Americans. These two surveys are part of the larger ongoing research project known as the "Established Populations for the Epidemiologic Study of the Elderly (EPESE)," which also includes two urban studies. The purpose of the EPESE project is to obtain baseline information from large, representative populations of older persons and then to follow these persons over time to evaluate change in existing conditions, the onset of new problems, and events such as hospitalization, nursing home admission, and death.

In addition to the EPESE, three of the NIA's seven Alzheimer's Disease Patient Registries are collecting data on populations in rural areas. The NIA is also participating in the third National Health and Nutrition Examination Survey, one of a series of studies conducted by the National Center for Health Statistics involving interviews, physical examinations, and diagnostic and biochemical testing of a random sample of approximately 40,000 Americans aged 2 months and over. Older rural, as well as urban, dwellers will be included among the 40,000 randomly selected participants.

In the future, the NIA expects to broaden its initiative on the health and well-being of older individuals living in rural settings. Future research will focus on such issues as social networks and social support of older people in rural populations; understanding the special role(s) of the rural social, physical and biological environment on the health and well-being of older rural residents; defining the changing nature of rural economies and their impact on older people; and defining the health implications and consequences resulting from diverse cultural and biological features inherent in heterogeneous rural environments throughout the United States.

### C. INTERNATIONAL STUDIES

International and cross-cultural studies offer a mechanism for exploring the relative effects of genetic, cultural, and environmental factors on the aging process and the diseases of aging. For example, rates of Alzheimer's disease and vascular dementia seem to vary dramatically by national and ethnicity, with apparently lower rates of Alzheimer's disease in Japan, China, and possibly certain African nations. These may reflect variable genetic predisposition to Alzheimer's disease, or environmental risk factors which vary by culture or nation. Differences in definition and reporting may also contribute to the variability.

The NIA, in cooperation with the World Health Organization (WHO) Special Program for Research on Aging, has issued a program announcement requesting grant applications on cross national studies of Alzheimer's disease. The long-range goal of this announcement is the elucidation of new risk factors, and combinations or sequences of risk factors. The NIA is also planning, in cooperation with the Honolulu Health Association and the National Heart, Lung, and Blood Institute to conduct a study of dementia on 5,000 Japanese-American men in Hawaii who have been the subjects of a long-term cardiovascular study.

Two international conferences have been held in the past year. Under the United States-Israel Cooperation in Health Agreement, a conference on "The Challenge of Aging Societies" was held in November 1987. Formal lectures were given on such topics as the epidemiology of aging and services for the aged, the education of health care providers to care for older people, and curriculums for studies in gerontology and geriatrics. Worksop topics included resources for aging research; hospital, community, and informal care for older persons; forecasting care needs of older people; Alzheimer's disease and other dementias; and health promotion.

In December 1987, a second conference was held under the United States-Italian Science and Technology Agreement. The conference on "Epidemiologic Studies of Aging and Dementia" resulted in plans for a study of aging and dementia in an aging Italian population. Research findings from this population will be compared with those from an on-going NIA-supported study of Italian-Americans in East Boston, Massachusetts.

The WHO Special Program on Aging (SPRA) has established a coordinating center physically located in close proximity to the NIA. WHO Scientific Consultation Groups, drawn from all parts of the world and working in close cooperation with members of the NIA staff, have developed plans to guide research on four priority topics: the determinants of health aging, age-related dementias, nutritional aspects of osteoporosis, and aging and the immune system. The four research plans are designed for cross-comparison of aging populations in different countries.

Chairpersons of each consultation group presented the research plans at the first meeting of the WHO-SPRA Scientific Advisory Committee, which met in Ottawa, Canada, September 22-24, 1988. The Advisory Committee approved the plans as component parts of an integrated research program which could be implemented in both more developed and less developed countries. Further refinement and supervision of the SPRA research program will be conducted by steering committees with liaison to the Scientific Advisory Committee.

In addition to its cooperative efforts with WHO, the NIA is working with the United States Agency for International Development (USAID) and the Administration on Aging (AoA). The USAID has provided limited support for meetings of the SPRA consultation groups, and will continue to provide some degree of support for the SPRA scientific program. At the 1989 World Congress of Gerontology, the NIA and USAID will co-sponsor a workshop on the demography of aging in less-developed countries.

The NIA, through an interagency agreement with the Bureau of the Census, has established an International Database on Aging (IDBA). Highlights from the IDBA were published late in 1987 in a monograph, *The Aging World*. This monograph provides useful descriptive generalizations comparing population aging in the United States with other nations, as well as an overview and framework for developing a series of focused initiatives on the comparative aspects of population aging. For example, a new research initiative on cross-national studies—coordinated with efforts by the WHO, the Population Committee of the National Academy of Sciences, the Bureau of the Census, and the USAID—is being developed which will emphasize population aging in developing countries.

The NIA is also considering developing a research initiative on aging in Hawaii, with particular attention to international studies of aging in countries of the Pacific basin and migrants from those countries to Hawaii. As a first step, an interagency agreement between the NIA and the Administration on Aging, has provided the

State of Hawaii Executive Office on Aging with a Federal assistance grant to conduct a 1-year feasibility study toward a geriatric research program involving several interested agencies and academic programs in Hawaii.

## NATIONAL INSTITUTE OF MENTAL HEALTH

The National Institute of Mental Health (NIHM) conducts and supports a wide range of research and related activities with direct and indirect relevance to issues of aging. This includes basic research in the neurosciences and behavioral sciences, clinical research in the geriatric mental disorders, and services research related to the utilization and financing of mental health care. Clinical and research training programs as well as service demonstration programs are also supported.

In Fiscal Year 1988 the NIMH budget for research, training, and demonstration directly concerned with aging was $21,874,000. An additional $18,998,000 was spent for basic research and research training related to issues of aging. Total NIMH direct and related expenditures for aging in Fiscal Year 1988, then, were $40,872,000.

Expenditures were made in the following categories:

NIMH EXPENDITURES IN AGING, FISCAL YEAR 1988

[In thousands of dollars]

| | Direct | Related |
|---|---|---|
| Research: | | |
| Research grants | 14,915 | 13,659 |
| Small grants | 78 | 331 |
| Career development | 616 | 187 |
| Research centers | 2,461 | 1,898 |
| Research training | 278 | 2,923 |
| Clinical training | 1,604 | ..................... |
| Demonstrations | 1,922 | ..................... |
| Total | 21,874 | 18,998 |

Note.—This report provides information on program developments in research, research training, and clinical training, and also provides information on developments in mental health services demonstrations for the elderly.

### EXTRAMURAL PROGRAMS

### *Clinical Research*

The Institute supports a broad spectrum of research in the biomedical and behavioral sciences and in mental health services. The Institute administers a comprehensive and coordinated program of research, research training, and clinical training and continues to support the Clinical Research Centers on the Psychopathology of the Elderly as well as the Geriatric Mental Health Academic Award and other career-development programs.

The core of the research program is to understand and address more effectively the causes, prevention, treatments, and rehabilitation of mental illness in the elderly and to support mental health services research specifically focused on the elderly. The focus has been developed in the face of substantial public health need and scientific and clinical concern. For example:

—Five percent of the elderly suffer from senile dementia, the principal form being Alzheimer's disease; the prevalence increases by age to the point where 20 percent of those over 85 are estimated to be victims.*

—Five percent of the Nation's aged live in institutions. Of these, about 12 percent are in mental hospitals, with the remainder in nursing and other types of homes for the aged and the chronically ill.

—The elderly comprise 4.6 percent of admissions to State and county mental hospitals and 20 percent of the resident patients.

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*Note: These are consensus estimates from the Departmental Task Force (now Council) on Alzheimer's Disease and the Office of Technology Assessment 1987 report on Alzheimer's and other dementias. Estimates for cognitive impairment are 5 percent of the 65 plus and 16 percent of the 85 plus from the Epidemiological Catchment Area Studies of NIMH.

—Approximately 80 percent of those aged 65 or older who live in nursing and personal care homes have some degree of mental impairment. The national expenditure for nursing home care is estimated to exceed $20 billion annually.
—Approximately 8.6 percent of inpatient psychiatric service admissions are age 65 and over, in contrast to 2.7 percent of admissions to outpatient psychiatric services and 4.5 percent of admissions to psychiatric partial care services.
—An estimated 10 to 25 percent of the aged in the community have some degree of mental impairment.
—The death rate for suicide increases by age with those over 55 accounting for 33 percent of the completed suicides.
—Approximately 22 percent of all males ages 65 and over admitted to inpatient services of State and county mental hospitals had a primary diagnosis of alcohol disorders.

The orientation of the program is broad and is concerned with research in three general areas of concern:
—Older individuals and their families who grow old and develop major mental disorders with special attention given to Alzheimer's disease and other dementias, late-onset depressive disorder and late-onset psychotic disorders including paraphrenia and schizophrenia;
—Older individuals and their families who develop a major mental disorder in childhood or adulthood and who have grown old, in particular long-term chronic psychiatric patients and the mentally retarded/developmentally disabled;
—Older individuals and their families with a combination of medical and psychiatric illness where this interplay affects the course and outcome of both classes of disorders.

The perspective of the studies supported by the Institute covers the broad spectrum of clinical and treatment issues such as studies of etiology, diagnosis, clinical course, treatment and management; services issues such as studies of systems, organizations, evaluation, family stress and burden of care; prevention and behavioral issues such as stress/coping/social support and risk factor assessment.

The Institute does not support studies of the normal developmental process of aging or the maintenance of health and effective functioning among those older persons not thought to be at risk of major mental disorders.

From time to time specially targeted announcements are issued by the Institute. These are meant to stimulate research in particular areas and are usually preceded by an intensive planning and field consultation process involving workshops, conferences, and commissioned papers collected into a published monograph. At present, the Institute has three special announcements in force:
—research on mental illness in nursing homes
—research on family stress and the care of Alzheimer's disease victims
—research on the interaction of mental disorder and physical illness in late life

The subject of aging has had significant involvement in the Institute's two major program development efforts—the Schizophrenia National Plan and the report on the Decade of the Brain. Psychosis with first onset in late life, referred to as paraphrenia in the European literature, has just recently been recognized as a legitimate diagnostic category in the U.S. in DSM–IIIR. Research supported by the Institute within the Schizophrenia National Plan in neurochemistry, neuropsychology, and brain imaging explores commonalities to schizophrenia with the more expected age of onset and to Alzheimer's disease. These studies of presentation, course, treatment, and outcome should make a significant contribution to our knowledge of schizophrenia in particular and to brain disorders in general by highlighting age of onset, life course, and neuropathological changes.

A substantial portion of the portfolio, particularly in the area of Alzheimer's disease, is devoted to studies in the basic and clinical neurosciences as reflected in the plan for the Decade of the Brain. Using the innovative tools of brain imaging, biochemistry, molecular biology, and neuropsychology, scientists are making important progress in understanding the pathophysiology and clinical course of Alzheimer's disease.

Finally, three distinguished investigators have been awarded MERIT awards for their research in the mental disorders of the aging. Dr. George Vaillant of Dartmouth Medical School ("Life Course, Mental Health and Later Development", MH42248) has been recognized for his work on life course predictors of mental health, coping strategies, and psychopathology. Dr. Patricia Prinz of the University of Washington ("Biomarkers for Early Expression of Alzheimer's Disease", MH33688) has been recognized for her work on sleep disturbance and other aspects of Alzheimer's disease. Dr. Dilip Jeste of the University of California at San Diego

("Late Onset Schizophrenia: A Neuropsychiatric Study", MH43693) has been recognized for his work on the nature of late-life onset psychotic disorders.

### *Basic Research*

The Institute provides support for basic research in the neurosciences, behavioral sciences, and the area of health and behavior. General program areas include biological aspects of behavior; molecular biology; neurobiology; psychopharmacology; cognitive processes, personality, emotion, and psychosocial processes; factors influencing behavioral development and modification; biological, psychological, and psychosocial aspects of stress and other psychological states; behavioral medicine, psychoimmunology; and research on Acquired Immunodeficiency Syndrome (AIDS).

### *Services Research and Demonstrations*

The Institute provides support for research and research training focused on the organization, financing, and delivery of mental health services in both the general health sector and the specialty mental health sector. Five research grants supported during fiscal year 1988 were concerned with the financing of mental health care for the elderly, the effectiveness of consultation-liaison psychiatric services for elderly hip fracture patients, and a long-term study of the impact of prior mental hospitalization on elderly persons now living in the community. Other related research examined how the organization and financing of mental health services affects delivery of these services to mentally ill persons.

Beginning in fiscal year 1986, in accordance with the new legislative authority of Section 504 of the Public Health Service Act, the Institute began to emphasize community services demonstration projects for the elderly mentally ill population. Sixteen 3-year projects were initially funded in September 1986 and January 1987 to focus on local service approaches for the elderly mentally ill population. All 16 projects received continuation funding in fiscal year 1988.

### *Research Training*

National Research Service Awards, including individual fellowships and institutional awards at the predoctoral or postdoctoral levels, provide support for the training of research scientists in the area of mental health and aging. The major orientation is toward postdoctoral training in departments and institutions with major research programs in mental health and aging. In particular, program emphasis in fiscal year 1988 and planned for fiscal year 1989 is to establish research training programs for basic and clinical scientists at each of the NIMH supported Clinical Research Centers on Psychopathology of the Elderly.

### *Clinical Training*

In fiscal year 1988 the NIMH established a new program, the Clinical Faculty Scholar award, to support the development of clinician scholar/investigators about to launch academic careers. Three awards were made in fiscal year 1988: Lon Schneider, M.D., of the Univeristy of Southern California; Linda Daugherty, Ph.D., of Virginia Commonwealth University; and Diana Morris, Ph.D., R.N., of Case Western Reserve University.

In addition, the NIMH has 27 continuing grants providing support for postgraduate specialty training or for models of graduate or residency training in the core mental health disciplines of psychiatry, psychology, social work, and nursing.

## INTRAMURAL PROGRAMS

### *Intramural Research*

The objectives for research in the Institute's Unit on Geriatric Psychopharmacology are to create and test new hypotheses relating to the biological, psychological, cognitive and affective changes that occur through the aging process. Further, its objective is to perform research that illuminates the differences between normal aging and pathologic conditions such as dementia or depression, synthesizing work from individual disciplines as well as interdisciplinary efforts. For instance, since no one marker of Alzheimer's disease has been proven to be the gold standard for either diagnosis or disease progression, it is the goal of the Unit on Geriatric Psychopharmacology to develop as many objective mesures of severity as possible so that when more effective drug treatments are available, the progress can be accurately evaluated. Several joint intramural/extramural activities have also been undertaken, most notably a research workshop on coexisting dementia and depression; the papers from this workshop will be published in 1989.

### *DHHS Council on Alzheimer's Disease*

The DHHS Council on Alzheimer's Disease is essentially the former DHHS Secretary's Task Force on Alzheimer's Disease renamed. The Council was established by the Alzheimer's Disease Services Research Act of 1986 (Title IX of Public Law 99-660). Key functions of the Council include identifying promising areas of Alzheimer's disease research, coordinating this research, sharing information, and facilitating the translation of the research into practice. The Council is chaired by the Assistant Secretary for Health. Other membership consists of the Surgeon General, the Assistant Secretary for Health Planning and Evaluation, the Commissioner of the Administration on Aging, the Directors of NIA, NIMH, NINODS, NIAID and NCHSR/HCTA, and representatives of the Veterans' Administration, and the Health Resources and Services Administration. HIMH staff members serve as Deputy Executive Secretary and support staff for the Council and for the DHHS Advisory Panel on Alzheimer's Disease (discussed below).

The Council meets twice annually, and is required to submit an annual report to Congress and to the public detailing the plans of four member agencies (NIA, NIMH, NCHSR/HCTA, and HCFA) regarding research on services for dementia patients and their families. The first report was submitted in January 1988. The Council met in September 1988 to discuss the draft of the next report/update of plans. The NIMH plan in this regard was mandated to provide for research concerning: (a) mental health services and treatment modalities relevant to mental, behavioral and psychological problems associated with Alzheimer's disease; (b) methods for providing comprehensive multidimensional assesements; (c) the optimal range of cost-effectiveness of community and institutional services; (d) the efficacy of special care units; (e) methods of combining the services of health care professionals with informal support services provided by family and friends; (f) interventions to reduce the psychological, social and physical problems of caregiving family members; and (g) methods of improving service delivery.

On behalf of the Council, its support staff from NIMH are also assembling and distributing a detailed compilation of all the research projects, demonstrations and other activities on Alzheimer's disease and related dementias that are currently funded by its member agencies.

### *DHHS Advisory Panel on Alzheimer's Disease*

The DHHS Advisory Panel on Alzheimer's Disease was established by Title IX of Public Law 99-660 ("Alzheimer's Disease Services Research Act") to assist the DHHS Secretary and DHHS Council on Alzheimer's Disease in identifying priorities and emerging issues regarding Alzheimer's disease and related dementias, and the care of afflicted individuals. The Panel is composed of 15 non-Federal appointees who are prominent researchers or other experts on Alzheimer's disease, and five members of the DHHS Council who serve ex officio. Members serve for the 4-year life legislated for the Panel (fiscal year 1988-91).

The Panel is mandated to center its advice on emerging issues and promising initiatives, or research directions, in four areas related to Alzheimer's disease: (a) biomedical research; (b) research on services for Alzheimer's patients and their families; (c) home and community based service provision systems; (d) financing of health care and social services; The Panel is required to prepare annual reports (transmitted to Congress, the Secretary, the Council, and the public) giving recommendations for administrative and legislative actions to improve services and provide for promising biomedical research.

After Congress indicated that the $100,000 annually that had been authorized for Panel activities should come from existing resources, the Assistant Secretary for Health authorized a tap on appropriate DHHS agencies to provide these funds in fiscal year 1988 and fiscal year 1989. NIMH's fiscal year 1988 share was determined to be $19,000, and is likely to be similar for fiscal year 1989. The funds for fiscal year 1990 and fiscal year 1991 are to be requested as part of the ADAMHA budget.

The first meeting of the Panel was held on March 1, 1988, at which time two subcommittees were formed to work on drafting the biomedical and services/financing portions, respectively, of the first annual report. The latter subcommittee then met on May 2. The full Panel met again on December 2 and plans to finalize an integrated report for transmittal by March 1989. Activities of the Panel over time might include workshops, commissioning of background reports, and hearings or other briefings, in addition to a series of meetings as a working group and the preparation of annual reports.

### RESEARCH HIGHLIGHTS

### *Alzheimer's Disease*

Alzheimer's disease (AD) has been called "the disease of the century". With the prevalence of this drastic, debilitating disorder increasing rapidly, and the public health burden upon society growing increasingly more serious, the search for a cause of this dementing disease has become over more critical. Genes today comprise the only etiologic factor successfully identified, and thus provide the only confirmed clue to uncovering the mystery of this disease.

In this context of his landmark family studies in dementia, Dr. Leonard Heston (University of Minnesota, MH43240) is presently establishing lymphoblastic cell lines on all available members of at least five families affected by autopsy proven diagnoses of AD in a pattern consistent with transmission by an autosomal dominant gene. Establishment of these cell lines will allow the investigator to approach identification and characterization of the DNA sequences critical in AD. In his earlier NIMH supported research, Dr. Heston discovered a remarkable etiologic clue to AD in the form of the association between Down's Syndrome and Alzheimer's Disease: He found that all individuals with Down's achieving 40 years of age develop the neuropathy of AD, with similarities extending to light and electron microscopic changes, enzymatic changes and the anatomical distribution of lesions. A second link between these two conditions has also been confirmed in Dr. Heston's epidemiologic work, wherein a significant excess of Down's syndrome births were found in families identified because of a case of AD. Dr. Heston then has hypothesized that the excess gene product present in Down's because of the trisomic chromosome 21, must be a first suspect for causing pathology in Down's, and by extension, a DNA sequence on 21 could be associated with AD in disomic individuals.

The existence of several large families with apparent autosomal dominant transmission of the disorder raised the prospect that the chromosomal location of the AD genes could be discovered by identifying genetic linkage of a polymorphic marker with the disorder. In recent years, the power of this strategy has increased dramatically, because large numbers of DNA markers detecting restriction fragment length polymorphisms in human DNA have been identified.

Over the past years, in work conducted by several international groups in molecular genetics, the strategy of genetic linkage analyses with DNA markers has been applied to several families with histologically proven AD. The result of this work provide strong evidence indicating that the gene for familial AD maps to chromosome 21, with the location of the AD defect appearing near two marker loci close to the centromere.

Although AD pedigrees are rare, their scientific value continues to increase as more family members enter the age of risk. As more and more "at risk" members are diagnosed with the disorder, the potential for linkage analysis improves dramatically. Dr. Heston is generating permanent lymphoblastoid cell lines which can thereafter be used as a permanent source of DNA from each family member.

The prospects for rapid identification of the gene(s) causing AD and its ultimate cloning and characterization will receive a tremendous boost with the advent of additional large Alzheimer's kindreds. The establishment of all lines from these pedigrees, and their maintenance over time, as further informative family members are newly identified, represents an activity of signal scientific importance.

The importance of this study cannot be overestimated: the pace of discovery in molecular genetics has been extremely rapid and as yet, no end points are yet in sight. The notion of collecting samples with the expectation that techniques will become available faster than human and generation passes constitutes a laudable approach. Not only will tissue samples become increasingly valuable with the passage of time and the confirmation of diagnoses, but it is also likely that tissue samples collected now will prove useful at some future time for purposes that cannot now be foreseen in detail. Moreover, if tissue is not collected prospectively, a newly available technology (fragment length polymorphisms provide a current example) cannot be used efficiently until a new generation develops AD.

Additional efforts in providing insight into the etiology and pathogenesis of AD are being carried out by Dr. Peter Davies (Albert Einstein College of Medicine; "Aging and Dementia: Cholinergic Neuron Biochemistry", MH38623). His work is centering on the nature of the dysfunction in AD of ventral forebrain cholinergic neurons which innervate the cerebral cortex and hippocampus. Using monoclonal antibodies to proteins unique to these cells, he is investigating whether cholinergic dysfunction can be detected by reduced concentrations of antigens in blood and spinal fluid. A candidate marker, a protein and antigen, has been developed by Davies and is under investigation as a potential diagnostic tool.

In another approach to the development of a potentially useful diagnostic marker for the disease, Dr. George Zubenko (Western Psychiatric Institute and Clinic, University of Pittsburgh, "Biological Marker for Primary Dementia", MH43261 and K01 MH00540) has identified a blood platelet abnormality, namely increased fluidity, that is hypothesized to be a product of the Alzheimer's gene. This offers yet another clue to the biology of AD and has the potential for early diagnosis as well as for identifying individuals at risk.

In further work on pathogenesis, Dr. Ajax George (New York University, "Mental Health, Brain Impairment and Aging", MH36969) has examined the structural changes that occur in the brains of AD patients, comparing these with those of the normal aging process, using computerized tomography and magnetic resonance imaging correlated with neuropsychological testing and emission tomography. Findings indicate that while ventricular volume increases by 86 percent between young and old, the AD patients demonstrated an additional 50 percent ventricular enlargement. Yet, no additional sulcal enlargement was shown in the AD group when contrasted with age-matched controls. While predominantly cortical changes characterize the normal aging process, contrary to expectation, Alzheimer's dementia is apparently a deep cerebral phenomenon reflected in ventricular changes.

In his CT and NMR investigations, Dr. George has identified focal periventricular zones of decreased white matter density, with a strong predilection for the frontal white matter to be involved in AD. His studies revealed twice the incidence of leukoencephalopathy, i.e., periventricular white matter lucencies, in AD patients, as compared with controls. Findings from position emission tomography studies of oxidative metabolism in AD reveal consistent and significant decreases with this disorder. PET determined metabolic changes in AD were found to greatly exceed the CT determined structural changes. On the other hand, such metabolic changes with normal advancing age are minimal, when compared to age related structural brain changes. The significance of these periventricular white matter lesions is being pursued by Dr. Mony DeLeon of New York University ("Clinical Correlates of Longitudinal PET Changes in Alzheimer's Disease", MH43965).

In her study of the neuropsychological and psycholinguistic aspects of AD, Dr. Kathryn Bayles (University of Arizona, "Communication Disorders in DAT: Longitudinal Perspective", MH40827) has examined the longitudinal impairment of diverse aspects of communicative function as a result of AD, with special emphasis on the integrity of the structure and process of semantic and episodic memory systems. As a result of the sensitivity of her communication disorder battery, she was able to demonstrate that mild AD patients performed significantly more poorly than normals. Moreover, she has successfully constructed a separate battery comprised of observational scales for the evaluation of late-stage AD subjects. Heretofore, severe cognitive impairment has proven such individuals to be "untestable" because they are unable to comprehend the instructions for many of the tasks included in neuropsychological tests. Results from the study of late-stage Alzheimer's patients reveal the presence of considerable diversity in communicative function in terms of talkativeness, grammar, and presence of echolalia and palilalia. In addition, the mechanics of word reading and writing to dictation are easier and less affected by Alzheimer's disease than naming. These results yield the first indication of the relative difficulty of common communication tasks for individuals with AD.

Progress has been made in developing new, computerized psychometric tests for assessing drug effects on the cognitive functioning of both normal and demented elderly (Charles Flicker, New York University, "Assessment of Cognitive Function in Aging and Dementia", MH40410-03). To date, the sensitivity of the battery to dementia has been established in both cross-sectional and longitudinal analyses. The tests show retest reliability in normal elders over a 2-year period, but reflect declines along particular dimensions in dementia. Contrary to other reports, the cognitive profile of the dementia patients studied in this research showed significant decline on measures of language, recent memory, facial recognition and spatial recall, but not on a psychomotor speed measure dependent on sensorimotor integration. Despite impaired performance in facial recognition, elderly subjects in general showed a more liberal response bias, which suggests that their observed impairment is not due to more conservative test-responding. A spatial-rotation factor, which shows a generalized decline in normal aging, showed no additional degradation as a result of early dementia.

The differential diagnosis of AD has long been an area of problematic concern for practicing clinicians because of the unavailability of biological markers specific to

AD. Although electroencephalographic abnormalities in demented patients were first reported over 40 years ago, gross slowing of the dominant frequency proved to be a nonspecific finding and only patients with advanced dementia could be differentiated from the normal elderly using such EEG criteria. Recent findings by Dr. Andrew Leuchter (UCLA, "Mental Illness in the Elderly—Diagnostic Testing", MH40705) suggest, however, that topographic computer-based EEG analysis may serve as a useful test for differential assessment of dementia. Leuchter found that the ratio of high-frequency to low-frequency electrical activity in the left temporal region was significantly diminished in demented subjects. In addition, examination of coherence, or synchronization of the EEG signal, significantly distinguished subjects with AD from those with multi-infarct dementia. By using discriminant analysis of both EEG frequency and coherence, 92 percent of subjects were accurately classified. There is also good evidence to suggest that the spectral ratio declines much more rapidly over time in demented individuals than among age matched controls, and the spectral ratio is also inversely correlated with progression of dementia in the individual case.

Other important leads associated with pathogenesis have emerged from the work of Dr. Carol Miller (University of Southern California, "Mental Illness in Alzheimer's Disease of the Aged", MH39145) who has applied monoclonal antibody and DNA technologies to CNS tissue obtained from AD patients at autopsy. She has identified different localized networks or subpopulations of neurons which are differentially affected in AD. Moreover, her results reveal the unfolding of a systematic time course of immunocytochemical changes in the CNS tissues patients dying from 1 to 16 years post diagnosis. Miller has also discovered the presence of selective optic nerve degeneration in AD, together with the manifestation of histologic and ultrastructured abnormalities in the retinas of patients with AD, as contrasted with age-matched controls. In all AD cases, the pathology was limited to the ganglion cell layer, with marked dropout and ganglion cells and nerve fiber layer atrophy present in the most severely affected retinas.

Although the extent of retinal damage failed to correlate with the severity of AD changes in the brain, it is notable that there were no neurofibrillary tangles within the ganglion cells or neuritic plaque or amyloid angiopathy in the retina.

The identification of a degenerating neuronal population not associated with neurofibrillary tangles in AD is of great interest—since neuronal loss represents one of the foremost pathologic changes in AD. Data from Miller's research suggest that neurofibrillary tangles are not requisite for cell death in AD.

Other studies of pathogenesis include Dr. Patricia Prinz's investigation (University of Washington, "Sleep and EEG Discrimination of Dementia from Depression", MH33688) which has used electroencephalographic activity as a biological marker to discriminate mild dementia from normal aging and from senescent depression. Prinz speculates that since many of the earliest changes in AD involve presynaptic cholinergic nerve terminals originating in the basal forebrain, the EEG may provide a sensitive approach toward assessing these early neuronal changes. Prinz has found that degree of dominant occipital frequency in conjunction with measures of percent wakefulness, correctly classified 85 percent of normal aged from mildly demented subjects. Because the accuracy of formulating a differential diagnosis in the earliest stages of disease has heretofore been so poor, and has constituted a major obstacle to longitudinal studies of the course of illness, Prinz's finding represents a highly significant development in the ongoing search for reliable biological markers in AD.

Although considerable work has been undertaken recently on the clinical and biological features of the cognitive impairment of AD, minimal attention has been paid to the nature on phenomenology of the psychiatric symptoms. In a series of linked studies at his clinical Research Center ("CRE/PE for the Study of Alzheimer's Disease", University Hospitals of Cleveland, P50 MH43444), Dr. Peter Whitehouse will longitudinally follow a cohort of AD patients, exploring structural and functional relationships between psychiatric symptoms and alterations in adrenergic and serotonergic markers, with an aim toward better understanding the biological basis of the behavioral manifestations, and toward enhancing diagnostic and therapeutic approaches with the use of neuroimaging.

In the context of his clinical research center ("CRC/PE for the Study of Senile Dementia", Stanford University, P50 MH40041) Dr. Jerome Yesavage has focused on the identification of areas of "excess disability"—areas in which the magnitude in disturbance of functioning is greater than might be accounted for by the cerebral pathology which underlies the disorder inherent in AD. Dr. Yesavage is developing cerebrospinal fluid (CSF) biochemical markers which may prove useful in the differential diagnosis of early forms of the disease from normal individuals with depression. Newer peptide markers such as myelin basis protein, glial fibrillary acidic protein and S-100 protein are all under intensive investigation. The phenomenology and natural course of deterioration in this disorder is being marked by sequential electrophysiological studies, and repeat CT and MRI scans, with normative baseline data being collected on age-matched controls with the intention of developing better methods of establishing accuracy of diagnosis and prognosis.

Dr. Yesavage is also evaluating the relation of disturbed sleep, altered sleep-wake cycles, apneic episodes with day time sleepiness, and "sundownings" (night time confusion) to excess disability in demented patients. The assessment of urodynamics in the patients revealed that a significant majority had uninhibited rectal contractions, and 39 percent of AD subjects were suffering from incontinence. In a concomitant study of bladder function, the efficacy of oxybutynin (Ditropan) is being studied in a double-blind placebo project, which particularly focuses on the question of iatrogenic intellectual decline. Because incontinence is the primary cause of nursing home placement in this patient population, reducing or controlling the incidence of incontinence could delay placement of the patient, thereby reducing caregiver stress.

In studying the course of psychosocial needs of caregivers of AD patients, Dr. Yesavage and colleague Dr. Dolores Gallagher found that 33 percent had major affective disorder, and 21 percent met criteria for dysthymic disorder. The rate of anger was reported at 67 percent, with depressed mood identified in 54 percent of caregivers—and a cluster analysis revealed that 50 percent of caregivers rated high on 2 out of 3 of the symptoms of dysphoria, anger and anxiety. These findings are helping to direct Drs. Yesavage and Gallagher's current work in developing therapeutic, interventions for caregivers which are tailored specifically to fit their target symptoms.

### *Stress and Burden in Family Care of the Elderly*

Stress associated with family-based care of the elderly has significant social, emotional and health consequences. Research on the primary caregiver, who is generally a spouse or daughter, has documented an array of psychological and emotional burdens. As mentioned above, approximately 54 percent of AD caregivers suffer from a depressive disorder. In addition, caregivers have increased rates of depressive symptomatology, anxiety, anger and other stress-related morbidity (Jerome Yesavage, Dolores Gallagher, "CRC/PE for the Study of Senile Dementia", Stanford University, P50 MH40041).

The findings by Gallagher and Yesavage that AD caregivers have elevated levels of anger underscores the importance of a new multidisciplinary longitudinal study being conducted (Peter Vitaliano, University of Washington, MH42840-01). One aspect of this study is an examination of caregiver expression of anger and psychosocial, immunologic and cardiovascular distress.

Further, there is preliminary evidence that the stress of caregiving is associated with impaired immune functioning and may have long term health consequence. Research focusing on the chronic impact of caregiving on immune functioning and psychological distress is being conducted (Janet Kiecolt-Glaser, Ohio State University, "Caregivers of Alzheimer's Disease Victims: Stress and Mental Health", MH42096-01).

One immediate application of this research, however, is that immune functioning can be used as a biological marker to corroborate self-report health measures. This is, in fact now being done in a major study of the impact of AD caregiving on adaptive health outcomes as influenced by coping style, stress, support, and other person-environment factors (Igor Grant, University of California, San Diego, MH42840-01). The investigations of this research suggest that neuroendocrine measures and immunologic variables may help distinguish successful from unsuccessful caregivers, and may predict those who will themselves develop an illness.

Critical events in the role of caregiving have differential impacts on individuals. Several current studies are examining, prospectively, large community samples to better understand crisis vs. adaptation in caregivers (Rachel Pruchno, Philadelphia Geriatric Center, MH39546-01) and to identify the range of stressors experienced by caregivers and their access to and use of formal and informal supports (Leonard Pearlen, University of California, San Francisco, MH42122-01).

While most studies on caregiving have focused on primary caregivers, there is now evidence that the family system as a whole is at risk for negative consequences. This is particularly the case when the primary caregiver is a married daughter with children still at home (Elaine Brody, Philadelphia Geriatric Center, "Parent Care, Sibling Relationships, and Mental Health", MH35252-06). There is also evidence that geographically distant family members experience mental health distress when a parent develops AD.

This research implies that treatment of an older person necessarily includes involvement with the family. Families are not only active participants in care but, by and large, willing and proactive partners. In addition, families themselves need support, and they can often benefit from mental health interventions directed toward them. Many such interventions—both therapeutic and preventive—are being used with families caring for the older disabled person. Self-help and mutual support groups are growing in popularity and effectiveness.

### *Depression in the Elderly*

Depressive illness is now widely recognized as a major cause of morbidity and mortality in old age. Although it represents a significant public health concern by virtue of its high cost in human suffering, disability and potential for suicide, until recently, systematic information and specific criteria for optimal treatment have been unavailable.

In a project to examine the structural correlates of late life major depression and dementia, Dr. Peter Rabins (Johns Hopkins University School of Medicine, "Structural Brain Change in Late Life Mental Disorder," MH40843) is using a newly developed CT head scan image process analysis technique, to determine if structural predictors of poor outcomes in major depression, and major depression with abnormal cognition can be identified. It is anticipated that relationships between CT attenuation numbers and measures of cognitive function will serve as valid markers of poorer prognosis, regardless of diagnosis.

The significance of delusional depressions, a form thought to be particularly prominent in the elderly, is being examined in an important new study by Dr. Barnett Meyers of Cornell University Medical College ("Geriatric Major Depression and Delusions", MH43856).

Recent findings by Dr. Anastasios Georgotas (New York University, "MAOI vs TCA in Geriatric Depression", MH35196–07) in trials of pharmacotherapeutic agents revealed that monoamine oxidase inhibitors and tricyclics antidepressants were of equal benefit to elderly with major affective disorder, regardless of the endogenous weighing of their symptoms. These studies revealed that higher baseline platelet MAO predicted a significantly better response to both medications, and that treatment response rates were significantly enhanced when length of treatment was extended from 7 to 9 weeks. However, in a continuation therapy phase of the study, elderly patients maintained on an MAO inhibitor (phenelzine) had substantially fewer recurrences of depression when compared with elderly patients maintained on a tricyclic antidepressant (nortriptyline), which appeared to offer no advantage over placebo as a prophylactic agent against recurrence.

New studies in the pharmacokinetics of antidepressants in the elderly show, significantly, that the pharmacokinetics of nortriptyline are essentially unchanged in very old subjects (Ira Katz, Medical College of Pennsylvania, "Drug Treatment of Depression in Institutionalized Aged", MH41489; Robert Young, Cornell University, "Response to Nortriptyline in Elderly Depressives", MH40726). Plasma levels of NT and its metabolites in frail elders all appeared to be linearly related in the expected fashion to the dose administered, such that measured plasma levels following a test dose remain a vaild method with this category of patients for estimating the individual's kinetics in a steady treatment state. Although early results in this project have suggested that NT treatment is efficacious in this population, a higher rate of adverse events was also noted in NT-treated patients compared with a placebo condition. Since the most common adverse events consisted of falls that were not necessarily associated with evident physical changes (such as orthostatic hypotension, cardiac arrhythmias, impaired vision, or confusional states), the investigators have pointed out that it is very difficult to interpret whether the falls are directly drug-related or might paradoxically be a by-product of positive treatment outcomes (i.e., secondary to increased ambulation and activity levels in a population already at increased risk of falling).

In focusing more specifically on elderly with endogenous symptom pictures, Dr. Dan Blazer (Duke University, "Clinical Research Center", P50 MH40150–04) found that while tricylic antidepressants were less effective in elderly than in younger age groups, trials of electroconvulsive shock treatment were equally effective in elderly as in young depressives, and that benign side effect were equivalent in both groups. In the first carefully planned prospective comparison study of age groups, Dr. Blazer followed up over 110 patients, aged 35 to 50, and 60 and over, with major clinical depression. While he could document no difference in rates of recurrence or remission between the two age groups, elderly who recovered were seen to manifest significantly greater numbers of residual depressive symptoms. Moreover, those elderly individuals diagnosed with depression also exhibited more character pathology than their middle-aged counterparts.

Findings from psychosocial treatment research have also echoed this trend. In a series of psychotherapy studies conducted by Dr. Larry Thompson (Palo Alto VAMC, "Psychotherapy for Depression in the Elderly", MH37196-06), psychodynamic and cognitive behavioral treatments were shown to be both safe and effective in the treatment of major affective disorder in late life. The majority of patients treated showed substantial improvement immediately following 3 months of therapy and such improvement was sustained over a 1-year follow-up period. In keeping with findings by Blazer, however, 1 of 4 patients were found to be clear treatments failures. This group was comprised largely of patients with premorbid character disorder, endogenous symptoms and intractable medical illness. Research is presently under way, using a combination of medication and psychotherapy, in an effort to develop effective treatment models for elderly non-responders and for those who relapse soon after treatment is terminated.

The work of Drs. George Siberschatz and John Curtis (Mt. Zion Hospital, San Francisco, "Process and Outcome of Psychotherapy with Older Adults", NH35230-06) indicates that treatment results for elderly with psychodymanic psychotherapy compare favorably with outcome studies involving younger patients, and with those evaluating the efficacy of antidepressive medication. The investigators found that an essential ingredient in determining outcome in therapy with elders is the degree to which the therapist responds accurately and appropriately to the conscious and unconscious implications of the patients' conflicts and disguised messages. Elderly depressed patients, including some with significant character pathology, were found to respond at least as well as young adults with affective disorder, to psychoanalytically oriented psychotherapy. These investigators have developed a reliable methodology for diagnosing the case-specific issues within the psychotherapy process, and measuring the accuracy of therapists' responses, which may now be employed in therapy outcome studies and applied to additional forms of psychotherapy appropriate to the aged.

Although there is now a substantial literature on depression among the elderly in general, relatively few studies have examined that disorder in residential care setting for the aged. Available prevalence estimates suggest that depression is even more common in such settings than in the community, but beyond this, little is known about manifestation, concomitants, or treatment of depressive disorders among institutionalized aged. In the work of Drs. M. Powell Lawton and Ira Katz (Philadelphia Geriatric Center, "CRC/PE on Depression in Residential Care Settings", P50 MH40380), preliminary findings indicate that of the 844 residents sampled, 33 percent displayed significant signs of major (14 percent) or minor (19 percent) effective disorder, and a substantial proportion (43 percent) of this group were also cognitively impaired. New admissions manifested higher rates of depression (42 percent) than did long-term residents. The investigators are also evaluating the safety and efficacy of nortriptyline in elderly patients living in an institutional setting in which symptoms of chronic somatic or neurological illness can commonly confound the diagnosis of major depression. In yet another study on the effects of institutionalized elders' depression on family members' mental health and affective status, it was found that relatives of depressed residents reported significantly poorer relationships with residents both before and after placement. These relatives themselves manifest higher rates of depression, feel more burdened by care of the residents and enjoy their visits less. Apparently, the "contagion of depression" phenomenon occurs even when relatives of older patients do not share households with them.

Dr. Eric Caine (University of Rochester, "CRC/PE for the Study of Psychopathology in the Elderly", P50 MH40381), is conducting a longitudinal study of the phenomenology of depression in the elderly. Among other findings, his data revealed that elderly depressives were deficient on tests of verbal and nonverbal recall, though their performance was superior to that of AD patients. Depressives also showed significant impairment in confrontation naming, even when cues were provided. While posttreatment data are still limited, preliminary examination of results suggests that some of the initial cognitive deficits have not fully remitted.

As a subset of studies on affective disorder, Dr. Caine has also established a series of studies of suicide in the elderly. He is also undertaking a retrospective review of completed suicides over age 50 from 1984–86, and will combine these findings with data obtained through the Monroe County psychiatric register, a record of all psychiatric contacts by county residents from the years 1960–1975. Preliminary findings suggest that elderly widowers are at special risk, and constitute a group who do not typically seek psychiatric help. Dr. Caine is presently collecting psychological autopsy data immediately following completed suicides, and will be undertaking a prospective clinical study of suicide attempts.

### *Late Life Onset Schizophrenia*

In a pioneering study of schizophrenia which manifests itself for the first time after the age of 45, Dr. Dilip Jeste (University of California at San Diego, "Late Onset Schizophrenia: A Neuropsychiatric Study", MH43693) has postulated that this atypical disorder is actually a heterogeneous entity with different subtypes, some of which may be identifiable with specified clinical, neuropsychological and brain morphological evaluations (including magnetic resonance imaging), and which may be associated with differences in neuroleptic response. Preliminary findings suggest that there may be evidence of increased ventricular size in these patients, as contrasted with age matched normal controls.

### *Geriatric Psychopharmacology*

Several studies have investigated the cognitive and behavioral effects of commonly used benzodiazepine drugs in the aged. Fine-grained pharmacokinetic and pharmacodynamic research (Everett Ellinwood, Duke University, "Psychotropic Drugs: Adaptive Pharmacokinetics in Aged", MH38676-02) has demonstrated that alprazolam and triazolam rapidly induce cognitive impairment in both young and elderly subjects, but that the elderly show more prolonged impairment and greater sensitivity to increases in cognitive demands when medicated. The preliminary suggestions from this research have been that the cognitive effects in younger subjects were linked more directly to drug concentrations and pharmacokinetic elimination rates, in that the duration of their cognitive impairment was briefer with triazolam, which has a shorter elimination half-life. In the elderly, however, the prolongation of impairment, and its lack of differentiation between drugs and between performance measures, suggest that the vulnerability of the older person is due primarily to slowness of readapting cognitively after intellectual functions have been perturbed by medications. The impairments in the elderly with these two drugs were not differentiated across two performance measures, whereas previous research with diazepam had indicated that impairment was greater on a primarily cognitive than on a primarily neuromotor task.

Another project (Nunzio Pomara, New York University, "Diazepam Effects on Performance of the Elderly", MH42499-02) has specifically been investigating age differences in both the immediate and long-term effects of diazepam on cognitive functioning, in diazepam accumulation over time, and in the development of tolerance to the drug's cognitive effects. Both young and elderly subjects manifested dose-related recall and reaction time decrements at peak plasma levels of diazepam. Elderly subjects, however, showed additional cognitive impairments (such as slowed sensory integration rates on a Critical Flicker Fusion task and increased intrusion errors, which have commonly been correlated with hypocholinergic function), despite achieving relatively lower plasma concentrations of diazepam. The increased sensitivity of the aged to the negative cognitive effects of diazepam, therefore, cannot be attributed to altered pharmacokinetics (though the elderly had shown elevated plasma levels in pilot research), and other potential explanations should be investigated, such as increased sensitivity of benzodiazepine receptors.

Other studies funded by the Institute also continue to evaluate the effects of age, gender and additional relevent variables on the pharmacokinetics of psychotropic drugs in humans, and to advance the methodological sophistication of this line of research (Richard Shader, Tufts University, "Applications of Pharmacokinetics in Clinical Psychiatry", MH34223-09). Consistent with previous studies, Dr. Shader and colleagues have found that old age is associated with significantly imparied metabolic clearance of both the oxidative marker antipyrine and of the H-1 receptor antagonist doxylamine, but have discovered that the age effect is more marked in men than in women. Antipyrine is commonly used as a reference compound for studies of oxidative drug metabolism (hepatic function) in humans. Doxylamine is a highly sedating antihistamine. This research group has also made methodological progress in linking quantitative EEG analyses with simultaneous plasma concentration determinations of benzodiazepines, and in piloting the topographic brain mapping technique (BEAM) as a more sensitive and specific approach to quantitating EEG changes.

### *Medicare and Prospective Payment of Psychiatric Services*

In 1983 the Congress enacted the Prospective Payment System (PPS) for most inpatient hospital services covered by Medicare for elderly and other persons. Congress also established national payment rates for hospitals based on numbers of patients treated within diagnosis-related groups (DRG's). At present, only four classes of specialty hospitals—children's, psychiatric, rehabilitation, and long-term—and two types of distinct-part units in general hospitals—psychiatric and rehabilitation—remain outside the PPS because of difficulties encountered in developing a national diagnosis based payment system that would achieve payment equity.

In order to assess the feasibility of applying DRGs or a comparable system to arrive at equitable national reimbursement rates for inpatient psychiatric services, the NIMH, the Health Care Financing Administration (HCFA), and professional and hospital organizations have supported several studies in recent years. As noted by Otis R. Bowen, M.D., DHHS Secretary, in an October 1987 report to Congress, this research has found that efforts to improve the use of psychiatric DRGs as a payment system by using refined diagnostic categories have been disappointing and that further work with diagnosis does not appear to be a useful strategy for bringing psychiatric services under PPS.

Other options for including psychiatric hospitals and general hospital psychiatric units in a prospective payment system were the subject of a study conducted by Health Economics Research, Inc., of Needham, Mass., under a contract from NIMH (Contract No. NIMH 278-86-002 [BA]). Of particular concern was the need for a system that would not unfairly penalize certain types of facilities for participation in PPS and thereby threaten patient access to care.

The research found that the fairness problem could be dealt with by a combination of payment modifications. Of these the most important was use of the insurance principle of "experience rating," or the setting of the payment for a group based on that group's own experience. Since the concept of experience rating has already been incorporated into Medicare PPS in the form of adjustments for teaching costs, disproportionate patient share, and other contingencies in the medical/surgical area, the researchers suggested that other forms of experience rating could appropriately apply in the psychiatric area.

Foremost among the modifications proposed by the researchers was experience rating by type of facility. Exempt psychiatric units in general hospitals and private psychiatric hospitals draw different types of patients than general hospitals which do not have distinct psychiatric units. By establishing an experience rating according to type of facility, the researchers found through their simulations that it would be possible to avoid the massive redistributions from specialized to nonspecialized facilities that would otherwise occur under an unmodified psychiatric PPS. The researchers also pointed out that use of an experience rating for different types of psychiatric facilities need not materially diminish the incentives for cost containment that are central to PPS. As long as each type of psychiatric facility received a set payment for care of a patient, the facility would have strong incentives to economize on use of treatment resources.

The researchers strongly recommended that further studies of experience rating should be undertaken in order to establish it as an important element in the operational design of a fair national system of prospective payment for psychiatric discharges. They also noted other payment systems modifications that could address the fairness problem in the psychiatric area. Among these were aggressive patient and hospital outlier policies to protect against losses, and strategies to protect against the possibility that psychiatric facilities would respond to incorporation in PPS by cutting back on needed care.

The research also confirmed that public psychiatric hospitals provide a different type of treatment to a different type of patient. In part, this relates to the 190-day limit on Medicare payment for care provided in a psychiatric hospital, and the fact that many Medicare beneficiaries exhaust this limit before completing their stays in a public psychiatric hospital. The researchers recommended that further study should be made of differences in costs for various portions of a stay in a public psychiatric hospital with a view to possible future introduction of a Medicare declining per diem payment that would more closely approximate actual costs.

## PROGRAM DEVELOPMENT AND FUTURE PLANS

Program development will be pursued in the following areas:

—Explore use of somatic and nonsomatic approaches to the management of symptoms associated with Alzheimer's disease such as agitation, sleeplessness, and behavioral problems. (fiscal year 1989)

—Develop family care and service delivery models in Alzheimer's disease to reduce the family stress and burden associated with caring for the disabled elderly. (fiscal year 1989)

—Develop another Clinical Research Center on Psychopathology of the Elderly. (fiscal year 1989)

—Continue to support the Geriatric Mental Health Academic Award. These awards facilitate career reorientation for faculty interested in moving into a more research-focused role in their institutions. (fiscal year 1989)

—Stimulate research on the chronically mentally ill elderly, including late-onset schizophrenia or paraphrenia. (fiscal year 1989)

—Encourage research on the elderly with depressive illness who are not responsive to treatment. The nonresponse rate is about 25 percent. (fiscal year 1990)

—Stimulate research on financing of outpatient and inpatient care for the mentally ill elderly. (fiscal year 1989)

—Stimulate research on delirium (etiology, diagnosis, course, treatment and prevention) among geriatric patients in acute medical or surgical settings; as many as 80 percent of these patients are at risk for the development of this disorder. (fiscal year 1990)

—Stimulate research on psychiatric correlates of hormonal fluctuations in post-menopausal women. (fiscal year 1990)

—Encourage research in suicide in old age as part of NIMH announcement on suicide research. (fiscal year 1990)

—Encourage research on psychopharmacologic approaches to age-associated memory impairment and other memory disorders in the elderly. (fiscal year 1989)

## ITEM 7. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

JANUARY 25, 1989.

DEAR MR. CHAIRMAN: The Department of Housing and Urban Development is pleased to respond to the request of the Senate Special Committee on Aging for our annual report on Department programs and policies affecting elderly Americans.

I am enclosing this report, which highlights the Department's efforts to increase housing and other auxiliary services to assist the elderly. The Department remains committed to providing the most effective elderly and disabled programs, while being mindful of the need to help reduce the federal deficit.

Very sincerely yours,

J. MICHAEL DORSEY,
*Acting Secretary.*

Enclosures.

### U.S. HOUSING FOR THE ELDERLY—FISCAL YEAR 1988

The Department of Housing and Urban Development's (HUD) efforts to serve the elderly are characterized by our concern to maintain and focus housing and services while achieving necessary budget savings. Under the leadership of Secretary Samuel R. Pierce, Jr., HUD has acted to assert administrative responsiveness and direction to ensure housing production, to provide opportunities for necessary auxiliary services, to assist the elderly it serves, and to pursue extensive research aimed at improving the quality of life of aging Americans.

The Department has entered the current period of Federal fiscal restraint confident that programs for the elderly will provide the flexibility and level of support necessary to meet their housing needs. The coordination of services for the elderly has been given a high priority by being located in the Office of the Secretary under the direct supervision of the Deputy Under Secretary for Intergovernmental Relations. Programs of direct loans and loan guarantees to provide adequate production of housing for the elderly are being maintained, and various offices of HUD are exploring methods of better servicing the elderly we house. HUD also encourages the use of community development funds to assist the elderly.

### I. INTERGOVERNMENTAL RELATIONS

In March 1981, Secretary Pierce established the Office of the Deputy Under Secretary for Intergovernmental Relations as a new office within the Office of the Secretary. The Office's Special Advisor for Elderly Programs is responsible for maintaining contact with public interest groups representing the elderly and for responding to their concerns regarding Departmental programs; working with other Federal agencies, the White House, and HUD program offices to ensure specific attention is paid to the elderly population's concerns; and for handling casework problems involving the elderly. The Office works closely with the Administration on Aging (AoA), the Federal Council on Aging (FCA), and over 750 State and local agencies to better coordinate housing initiatives for the elderly. For example, in cooperation with the AoA and the FCA, the home equity conversion counseling program has become an eligible activity within HUD's housing counseling program. The office conducted its own inquiry of home equity conversion mechanisms facilitated by State government legislation and compiled the findings which are also available to the public.

The Office of Intergovernmental Relations, in cooperation with the Office of Public Affairs, initiated the development of the *"Universal Design"* booklet, addressing design features which would facilitate more usable housing by elderly or handicapped residents at little or no cost. The benefit to older Americans would be the ease of living because of the absence of barriers, and thereby providing older persons the option of remaining in their homes as long as they like. This publication has been distributed to elderly constituents and organizations, including the National Association of Home Builders to provide information to their membership on building housing for the elderly.

Moreover, the Office assisted national, State, and local aging organizations to better understand the Department's new regulations on such issues as pets, fair housing amendments, mandatory meals, and board and care services. The Office of Intergovernmental Relations continues to review the housing activities of State and local governments, the public and private sector, and elderly groups in order to better serve elderly Americans.

## II. HOUSING

### A. SECTION 202—DIRECT LOANS FOR HOUSING FOR THE ELDERLY OR HANDICAPPED

The Administration recognizes the special needs of the elderly and disabled and continues its commitment to assist them. Therefore, even though the Department emphasizes reliance on existing housing stock in its other assistance programs, HUD funded nearly 11,400 Section 202 units in fiscal year 1988.

Section 202 was first enacted as part of the Housing Act of 1959 to provide direct long-term Federal loans for the construction or substantial rehabilitation of housing and related facilities for the elderly or disabled. The program was intended to serve persons whose income was above public housing eligibility levels, but still insufficient to obtain adequate housing in the private market. The Housing and Community Development Act of 1974 amended the program to permit the use of Section 8 housing assistance payments for eligible lower-income persons who live in projects financed under the program. These payments make up the difference between the fair market rent for the unit, and what the tenant is able to afford to pay as their share.

In fiscal year 1983, loans were made available for the purchase of existing structures without rehabilitations or with only moderate rehabilitation needs, in order to provide group homes for physically handicapped, developmentally disabled, or chronically mentally ill adults.

In fiscal year 1988, the interest rate for Section 202 loans was 9 percent. It will be 9.25 percent for fiscal year 1989.

From reactivation of the Section 202 program in fiscal year 1974 through fiscal year 1988, approximately $9.4 billion has been reserved, representing approximately 4,344 projects and 210,440 units. Because of the Department's outreach efforts to help minority Americans, minority sponsors were awarded over 18 percent of fiscal year 1988 contracts.

### B. SECTION 231—MORTGAGE INSURANCE FOR HOUSING FOR THE ELDERLY

Section 231 of the National Housing Act authorized HUD to ensure lenders against losses on mortgages used for construction or rehabilitation of rental accommodations for persons aged 62 years or older, married or single.

Section 231 is designed solely for unsubsidized rental housing for the elderly. Nonprofit as well as profit-motivated sponsors are eligible under the program. Section 231 also permits the construction of congregate housing projects. At the end of fiscal year 1988, 500 projects, providing 66,539 units for elderly families, have been insured under the program. Total insurance written was $1.2 billion.

### C. SECTIONS 221(d) (3) AND (4)—MORTGAGE INSURANCE PROGRAM FOR MULTIFAMILY HOUSING

Sections 221(d) (3) and (4) authorized the Department to provide insurance to finance the construction or rehabilitation of rental or cooperative structures. Special projects for the elderly can be provided under these programs, and may include features such as congregate facilities. While these programs are not solely for the elderly, they are available to non-profit and profit-motivated mortgagors as alternatives to the Section 231 program, which has largely been replaced by these sections for construction of housing for the elderly. Mortgages under Section 221(d) (4) may be processed and coinsured by approved coinsuring lenders.

HUD also makes mortgage insurance available under Section 221(d) (4) for Retirement Service Centers, which are market-rate residential rental projects for elderly tenants. The projects provide meals served in central dining facilities and services such as housekeeping and laundry. Cumulatively, 128 projects with 18,782 units, are completed or under construction, for a total of almost $1.1 billion. Twenty-nine more projects are being processed.

From the beginning of the programs through fiscal year 1988, 11,017 projects containing 1,194,459 units, were insured, for a total of $29,7 billion. Residents in 482,393 of the units were receiving Section 8 rental assistance. Approximately 162,553 of the units have elderly occupants.

### D. SECTION 223(f)—MORTGAGE INSURANCE FOR THE ACQUISITION OR REFINANCING OF EXISTING MULTIFAMILY HOUSING PROJECTS

This program offers mortgage insurance for existing facilities, including cooperative and rental housing for the elderly, where repair needs do not warrant substantial rehabilitation. The program can be used either in connection with the purchase of a project or for refinancing only.

Mortgages under this program can be processed and coinsured by approved coinsuring lenders.

### E. SECTION 232—MORTGAGE INSURANCE FOR NURSING HOMES, INTERMEDIATE CARE FACILITIES, AND BOARD AND CARE HOMES

The primary objective of the Section 232 program is to assist and promote the construction and rehabilitation of nursing home and intermediate care facilities. The vast majority of the residents of such facilities are elderly. Since the beginning of the program in 1959 through September 1988, the Department has insured 1,626 facilities, providing 194,197 beds, for a total of $3.2 billion. In fiscal year 1988, 42 projects, with 4,966 beds, where insured for a total of $174.5 million.

The Housing and Urban-Rural Recovery Act (HURRA) of 1983 established a Board and Care Home program for the elderly and others as part of Section 232. The program permits units with shared bedroom and bath facilities and central kitchens. These facilities provide continuous protective oversight of the residents. There is no medical component and no Federal requirement for a certificate of need. Board and Care Homes must meet State and local licensing and occupancy requirements. Sixty-four Board and Care Homes, with 6,519 units, are completed or under construction, for a total of $88.2 million. An additional 64 projects are in processing.

### F. SECTION 242—MORTGAGE INSURANCE FOR HOSPITALS

Under Section 242 of the National Housing Act, the Department insures mortgages to finance the construction or rehabilitation of non-profit, proprietary and public hospitals, including major moveable equipment.

From the inception of the program through fiscal year 1988, the Department has insured 250 hospitals, providing 69,224 beds, for a total of $6.3 billion. In fiscal year 1988, 3 hospitals, with 1,124 beds, were insured for a total of $220.7 million.

### G. SECTION 8—RENTAL ASSISTANCE AND HOUSING VOUCHERS

Section 8 of the United States Housing Act of 1937 authorizes housing assistance payments to aid lower-income families in renting decent, safe, and sanitary housing. Section 8 provides rental assistance for families in a variety of housing types, including new construction, substantial and moderate rehabilitation, and existing housing. Under the programs, assisted families generally pay 30 percent of adjusted income toward rent and HUD pays the difference between that and the fair market rent for an adequate housing unit. As of September 30, 1988, approximately 46 percent were occupied by elderly and handicapped persons. Of that number, we estimate that approximately 35.7 percent were solely elderly occupied.

The Section 8 Existing Housing Certificate program has proved particularly helpful to elderly families, because many of them are eligible to receive assistance while remaining "in place" within a dwelling unit which meets HUD's housing quality standards. As of September 1988, more than 760,470 families were participating in the "Finders-Keepers" Certificate program.

Housing Vouchers, which also enable families to receive assistance without moving, are believed to be even more beneficial to elderly persons because of the additional flexibility offered by the absence of rent ceilings. In fiscal year 1987, funds were reserved for 135,516 vouchers; 180,086 vouchers were reserved for fiscal year 1988.

Authorization is provided also for shared housing arrangements under Section 8 programs. On June 11, 1986, HUD published a final rule implementing this option for the Existing Housing Certificate program. The Department is now drafting a rule for Shared Housing under the Moderate Rehabilitation program. One shared housing arrangement of particular interest to elderly families permits homeowners to rent space in their homes to tenants who receive rental assistance. Such arrangements may facilitate reduced housing costs, companionship, and security for the elderly.

Single Room Occupancy (SRO) housing is another option which some localities may find especially beneficial for certain segments of the elderly population. SRO's are eligible for assistance under the Section 8 Moderate Rehabilitaton program, Existing Housing Certificate, and the Housing Voucher programs under certain conditions.

### H. CONGREGATE HOUSING SERVICES PROGRAM

The Congregate Housing Services Program was designed to demonstrate the cost-effectiveness of providing supportive services for the elderly and handicapped under HUD auspices to prevent or delay unnecessary institutionalization. Under this program, HUD extends multi-year grants (3 to 5 years) to eligible public housing agencies and non-profit Section 202 sponsors for meals and other support services for frail elderly and non-elderly handicapped residents. As of September 30, 1988, $30.3 million has been obligated to grantees.

Sixty grantees are in operation, service approximately 2,000 residents on a regular basis. About 280 residents were served last year on a short-term, temporary basis, usually after incapacitation or hospitalization. Congress appropriated $5.4 million for fiscal year 1989. These funds are being used to extend the 60 grants for at least an additional 12 months from current expiration dates. The renewals will be processed in fiscal year 1989 consistent with each grantee's current expiration date.

### I. MANUFACTURED HOME PARKS

At the request of the Administration, the HURRA of 1983 amended Section 207 of the National Housing Act to permit mortgage insurance for manufactured home parks exclusively for the elderly. The program has been operational since the March 1984 publication of a final rule implementing the legislation.

For Fiscal Year 1988, elderly activity produced three approved projects, providing 265 units for a total of $890,400 of insurance written.

### J. MINIMUM AGE COVENANTS ("RETIREMENT VILLAGES")

As the result of an Administration initiative, FHA single-family mortgage insurance is available for retirement villages for exclusive occupancy by the elderly. HUD can insure mortgages on properties in subdivisions and planned communities which restrict ownership to those above a certain age, and which restrict the occupancy and the duration of visits by children.

## III. Public and Indian Housing

### A. PUBLIC HOUSING

Approximately 537,000 public housing dwellings (44 percent of the total program inventory nationally) are occupied by the elderly. Many of the dwellings are in buildings designated for exclusive occupancy by the elderly and handicapped.

The Public Housing Program is the Nation's oldest and largest housing program for lower-income people, established under the U.S. Housing Act of 1937. It is an essentially local program, based on a partnership between the local community and the Federal Government. Each community, through its Public Housing Agency (PHA) in cooperation with the local governing body, takes primary responsibility for providing housing to lower-income people, with financial assistance from the Federal Government. Projects are developed, maintained, and operated by approximately 3,000 PHA's in communities throughout the country, ranging from the largest cities and suburbs to small towns and rural areas. Public housing, which is owned by the PHA (or in a relatively few instances leased), is distinct from the Section 8 housing assistance payment programs also administered by many PHA's.

In the Public Housing Program, the Federal Government—through the local PHA—pays for development costs and provides operating subsidies to ensure that low rents and adequate services are available. In addition, modernization funds are provided to PHA's to enable them to rehabilitate older projects. As a condition for this assistance, the PHA agrees to use and maintain the property as decent, safe, and sanitary housing for eligible lower-income people, consistent with the requirements of Federal law and regulations. Rents, including utilities, have been set by Congress at 30 percent of adjusted tenant income. In calculating adjusted income, some special deductions are made in the case of the elderly.

In many public housing projects, special facilities and services are provided to meet the needs of the elderly, such as safety and security features, meals and transportation services, and recreational programs. These special services are usually provided by other agencies that rely on funding from Federal, State, and private sources, with the PHA supplying the facilities and acting as the local coordinator.

In general, these projects have been very successful in meeting the needs of their elderly and handicapped residents. Standards of design and maintenance have been high, along with the resident satisfaction. PHA's report that elderly residents are excellent tenants and citizens, who take pride in their homes and play important roles in management and service programs.

Development of new public housing is no longer the principal vehicle for producing additional dwellings for the lower income elderly under Federal housing programs. Other programs—such as the Section 202 program and Section 8 certificates and vouchers—now account for the bulk of the units added in recent years. With regard to public housing, amendments enacted by the Congress in 1983 and 1984 require that the Department give priority in approving new applications to projects for families requiring three or more bedrooms. The primary emphasis with regard to public housing for the elderly has become preservation, maintenance, and rehabilitation of the existing housing stock.

## IV. Community Planning and Development

### A. COMMUNITY DEVELOPMENT BLOCK GRANT ENTITLEMENT PROGRAM

The Community Development Block Grant (CDBG) Entitlement program is HUD's major source of funds available to large cities and urban counties to conduct a wide range of community development activities designed to help low and moderate income households, eliminate slums and blight, or meet other urgent community development needs. The CDBG program made $3 billion available to States and communities in 1987. Approximately $2.1 billion of this sum went to 712 metropolitan cities and 115 urban counties by entitlement, with individual amounts determined by formula. States distributed the balance, approximately $1 billion, to small cities with a population of under 50,000.

Entitlement communities' elderly residents benefit directly and indirectly from many CDBG funded projects. Because of the decentralized nature of the CDBG program, and the fact that local communities are not required to report program beneficiaries by age, it is extremely difficult to estimate the exact total of CDBG funds that directly address the needs of the elderly. However, available data indicates more than $14.6 million was budgeted by Entitlement communities in fiscal year 1987 to assist senior centers. Metropolitan cities planned to use $5.5 million for this purpose, and urban counties, $9.1 million. Another major source of elderly benefits from CDBG funding is housing rehabilitation, which accounted for approximately 35.8 percent of all Entitlement funding. A large portion of the $876.2 million budgeted from these activities by Entitlement communities in fiscal year 1987 benefited the elderly. CDBG funds are used by many communities to make home improvement loans and provide weatherization services for elderly homeowners and renters.

Significant amounts of CDBG Entitlement spending for neighborhood improvements, public services, and other public works, directly and indirectly benefit the elderly. CDBG Entitlement grantees allocated about $39.4 million for improvements to and operation of neighborhood facilities, $14.9 million for the removal of architectural barriers, $5.4 million for centers for the disabled, and $102.2 million for other public facilities. While it is not possible to estimate the total CDBG benefits to the elderly from these types of projects, it is evident that these activities provided significant benefits.

The following specific examples illustrate how the CDBG Entitlement program is used to provide a wide range of benefits and services to the elderly:

Evansville, IN, used $138,000 for a unique program that improves the living conditions of elderly persons and provides employment for ex-offenders living in halfway houses. Thus far, participants in the Second Chance Paint Program have painted the homes of over 165 low-income elderly homeowners.

Topeka, KS, permits low- and moderate-income persons to earn up to $500 in credits toward the purchase of building materials by donating their time to assist elderly and handicapped homeowners with home rehabilitation. The materials used for rehabilitation are paid for with $60,000 in CDBG Entitlement funds.

Las Vegas and Clark County, NV, provided the League of United Latin American Citizens (LULAC) with $376,477 for the construction of a 4,000 square foot senior center that provides health, recreational and social services to low-income Spanish-speaking elderly residents of Southern Nevada. The LULAC Housing Authority public housing project is leased to the local non-profit group for the nominal fee of one dollar a year.

Fargo, ND, utilized $540,000 to save the historic Northern Pacific Railroad depot from demolition and the conversion of a portion of the facility into a senior center. The building was donated by Northern Pacific Railroad and an additional $748,000 in private and State funds were used to renovate the structure. About two-thirds of the facility is occupied by a senior center that serves more than 100 meals a day, conducts recreation activities, and provides other community programs for senior citizens.

Columbus, OH, used $140,000 for its Operation Weather Beater program which helps low-income, elderly and minority residents "beat the cold" through the installation of low-cost weatherization materials. More than 300 volunteers from various city, county, local businesses, churches, and non-profit organizations installed weatherization materials that reduced the average cost of home heating by 13 percent.

Union Township, PA, used $4,000 for the development of an innovative program that provides day care services to elderly persons residing at the Union Township High School care facility. The funds are used to train students in health care and gerontology through a cooperative agreement between Memorial General Hospital and the Union Township Board of Education.

Rapid City, SD, used $170,000 to rewire and improve handicap access to the Canyon Lake senior citizen center and an addition to the Minneluzahan senior center. These funds assisted the elderly by providing more space for the provision of health and nutritional services. These centers serve nearly 100 seniors meals daily.

Sioux Falls, SD, used $41,000 in CDBG Entitlement funds to remodel a senior adult day car center, improve access to the handicapped, and provide new full-time personal care facilities.

Renton, WA, used $700,000 in CDBG Entitlement funds it received from King County for site acquisition and development of what is believed to be the only publicly-owned and maintained, senior citizen manufactured housing park in the United States. Vantage Glen Senior Home Park can accommodate 164 manufactured housing units for low-income elderly persons. The park contains 22 acres of open space, a community center/recreation facility, pedestrain access to a bus shelter near the community center, and parking facilities.

### B. CDBG STATE AND SMALL CITIES PROGRAM

The State Community Development Block Grant and HUD administered Small Cities programs are HUD's principal vehicles for assisting communities under 50,000 population that are not central cities. From its inception in fiscal year 1975 until fiscal year 1982, the CDBG Small Cities program was administered exclusively by HUD, and more than $4.3 billion was awarded through competitions managed by HUD Field Offices. At the Administration's request, Congress changed the administrative structure of the CDBG Small Cities program in the Omnibus Budget Reconciliation Act of 1981.

Beginning in fiscal year 1982, States were offered the option of administering the program for communities that did not receive CDBG Entitlement grants, and most States and Puerto Rico have assumed this responsibility and now determine how and where to award CDBG Small Cities funds within their jurisdictions. In fiscal year 1987, only two States, New York and Hawaii, remained in the HUD administered Small Cities program.

States and small cities use the CDBG funds to undertake a broad range of activities and may structure their competitions to give priority to eligible activities that they wish to emphasize. With the exception of a few States that allocate some of their funds to cities by formula or through regional organizations, most States distribute funds through competitions among their small communities.

As in the CDBG Entitlement program, States are not required to report to HUD the ages of individuals who benefit from their recipients' activities. Consequently, the level of benefits to the elderly cannot be estimated with certainty. However, based on 49 State reports for fiscal year 1987, a substantial portion of State CDBG funds—37 percent—was allocated to activities that benefit elderly persons either directly or indirectly. The largest share of those funds, approximately $55.0 million or 24 percent of the $234.7 million was allocated to housing-related activities such as the rehabilitation of private properties and public housing modernization. In addition to housing-related activities, approximately $18.4 million or 8 percent of the State and Small Cities CDBG funds went to public facilities and public service projects such as support for senior centers, neighborhood facilities, centers for the disabled, and removal of architectural barriers.

The following examples illustrate the types of projects directly benefiting elderly persons that were funded in fiscal year 1987 by State program recipients:

Morro Bay, CA, used $545,000 to help pay land acquisition and infrastructure improvements costs for a low-income senior housing project located in this affluent coastal zone area.

Lamar, CO, used $300,000 to help renovate the Old Alamo Hotel into 22 units of lower-income elderly housing.

Canaan, NH, used $200,000 to convert a local Grange Hall into a senior center that operates a meals-on-wheels program serving 50 elderly clients daily.

Ririe, ID, used $48,000 to construct a 40 foot by 80 foot senior center that provides social, physical and nutritional benefits to elderly persons in the area.

### C. URBAN DEVELOPMENT ACTION GRANT (UDAG) PROGRAM

Each fiscal year, Urban Development Action Grants are awarded to cities and counties to enhance local economic development activities and create permanent jobs, especially for low- and moderate-income persons. Minimum selection standards of physical economic distress must be met by these communities. Under the 1979 "Pockets of Poverty" legislation, a locality can qualify if there are substantial numbers of low-income persons living in well-defined geographically small areas. The UDAG program's national competition gives consideration to community distress factors, private funds leveraged, number of jobs created, and the extent of local economic conditions.

In fiscal year 1988, a total of 161 action grant projects received approval for a sum of $279 million. Since its onset, the UDAG program has benefited the elderly, directly or indirectly, by providing funds to assist communities in the development of health care services, adult day care and recreation centers, downtown and suburban shopping centers and other public facilities. Since 1978, 34 States and the Commonwealth of Puerto Rico have been awarded 100 Action Grant projects that directly assist the elderly.

The following examples illustrate how the UDAG program assisted projects benefiting elderly persons:

Wilmington, DE, provided $1 million to assist its school board convert the vacant historic Lore School building into 62 one-bedroom apartments for retired senior citizens.

Auburn, ME, used $1 million to help convert a four-story, 115 year old factory building into 74 units of elderly housing, 12 units of market-rate housing, and 7,500 square feet of commercial space.

St. Johnsbury, VT, used $135,000 to help rehabilitate and expand the Cantebury Inn Nursing Home into a 45 bed facility providing 24-hour professional care for the elderly.

Spokane, WA used a $375,000 grant to help renovate the historic Holy Names Academy into an apartment complex that provides 101 units of elderly housing.

### D. RENTAL REHABILITATION PROGRAM

The Rental Rehabilitation program was authorized by Section 17 of the Housing and Urban Rural recovery Act of 1983 and provides grants to States, cities with populations of 50,000 or more, urban counties, and approved consortia of units of general local government. These grants are used to finance the rehabilitation of privately-owned rental housing in order to help ensure that an adequate supply of standard housing is affordable to lower income tenants. In addition, rental assistance is provided to very low-income and displaced persons to help them afford the increased rent of rehabilitated units or to move to other housing. This assistance is made available through Section 8 Existing housing Vouchers and Certificates administered locally by Public Housing Agencies.

In fiscal year 1988, Congress made $200 million available for Rental Rehabilitation program grants.

Although the Rental Rehabilitation program is relatively new, the number of completed units has increased dramatically in the past two years. As of July 31, 1988 commitments had been issued for 21,478 projects containing 107,765 units, and in 14,919 projects with 60,310 units all the rehabilitation construction work had been completed. Elderly tenants account for approximately 11 percent of the occupied units in these buildings.

### E. SECTION 312 REHABILITATION PROGRAM

Through the Section 312 Housing Rehabilitation Loan Program, HUD makes loans for the rehabilitation of single-family and multifamily residential, mixed use, and nonresidential properties. These funds are derived from loan repayments, the recovery of prior year commitments, and unobligated balances from prior years. To be eligible for assistance, properties must be located in urban areas designated as eligible areas for the Community Development Block Grant program or the proposed rehabilitation must be necessary or appropriate for the execution of an approved CDBG program. Communities must also give priority for loans to low- and moderate-income owner occupants whose incomes are at or below 80 percent of the median income for that metropolitan area.

In fiscal year 1987, 1,700 Section 312 loans totaling $63.7 million, were made in 240 communities. The majority of these ($39.7 million) were used to make 1,583 single-family loans. One hundred seventeen loans, totaling $24 million, were made for the rehabilitation of multifamily, nonresidential, or mixed-use buildings. Although comprehensive data on the ages of borrowers are not currently collected, available information suggests that about 17 percent of section 312 single-family loan recipients were 60 years of age or older.

### F. EMERGENCY SHELTER GRANTS PROGRAM

The Emergency Shelter Grant program established on October 18, 1986, provides grants to States, cities and urban counties to improve the quantity and quality of emergency shelters for the homeless through the renovation, major rehabilitation or conversion of building for use as emergency shelters; the payment of operating costs such as maintenance, insurance, utilities and furnishings; and the provision of essential social and supportive services including food, health, education, and employment.

In fiscal year 1987, Congress made $60 million in Emergency Shelter program grants available to States, cities and urban counties. Approximately $32 million was allocated to 322 metropolitan cities and 102 urban counties, with individual amounts determined by formula. States distributed approximately $28 million to cities and counties within their jurisdictions.

As in the CDBG Entitlement program, States and communities are not required to report to HUD the ages of individuals who benefit from their recipients' activities. Consequently the level of benefits to the elderly cannot be estimated with certainty. However, according to a HUD survey of shelter managers conducted in September 1988, it is estimated that approximately 2 percent of the homeless persons who are occupants of shelters on a typical night are 65 years of age or over.

The following examples illustrate the types of projects benefiting elderly persons that were funded in fiscal year 1987:

> Chattanooga, TN, used $20,000 to provide a new roof for a homeless shelter housing a privately operated, non-profit community kitchen that supplies 170 meals a day for low-income, elderly and minority persons.
>
> Caguas, PR, used $55,000 for operational expenses, meals, and essential services for elderly homeless persons at the FUNDESCO Shelter.

## V. Policy Development and Research

### A. AMERICAN HOUSING SURVEY

Publications for the 1985 National American Housing Survey, and subsequent biennial national surveys, will contain special tabulations on the housing situations of elderly households in the United States. The tabulations will be in the same format as those produced in previous years for Blacks, Hispanics, and for households in the four census regions, central cities, suburbs, and non-metropolitan areas. An elderly household is defined as one where the householder, who may live alone or be the head of a larger household, is aged 65 years or more. The tabulations will include information on housing and neighborhood characteristics of the previous housing of recent movers, both owners and renters. Special information will be provided on households in physically inadequate housing or with excessive cost burdens, and on households in poverty. Separate data will be provided for elderly Black and Hispanic households.

### B. HOME EQUITY CONVERSION MORTGAGE INSURANCE DEMONSTRATION

Under the Home Equity Conversion Mortgage Insurance Demonstration, the Department of Housing and Urban Development will insure 2,500 reverse mortgages on the homes of elderly homeowners, enabling them to convert their home equity to cash. Borrowers will be able to receive payments from lenders that do not have to be paid back until the borrower moves or dies and the property is sold. HUD will insure lenders against losses that could occur if the proceeds from the sale of the property are not sufficient to pay off the mortgage balance.

The demonstration was authorized by the Housing and Community Development Act of 1987. A proposed rule was published in the *Federal Register* on October 25, 1988. Following a 60-day public comment period and any necessary revisions, a final rule will be published in the spring of 1989, when the program will get underway.

Elderly homeowners who are 62 years of age or older and who live in a home that they own free and clear (or almost free and clear) are eligible to apply for a HUD-insured reverse mortgage from a participating lender. All HUD-approved lenders are eligible to participate in this demonstration. In a notice expected to be published in the *Federal Register* in January 1989, they will be invited to apply for reservations to insure up to 50 mortgages. If the reservations are not used within 6 months, they expire and will be reallocated to other applicants. During the first six months of the demonstration, reservations will be allocated among the 10 HUD regions in proportion to each Region's share of the Nation's elderly homeowners.

### C. REPORT ON SUPPORT SERVICES FOR THE FRAIL ELDERLY

As required in the Housing and Community Development Act of 1987, the department contracted with a qualified research institution to produce a report examining alternative service delivery systems for providing needed support services to frail elderly persons residing in Federally assisted housing who would otherwise be at risk of institutionalization.

The report, prepared by the Urban Institute in the fall of 1988, is divided into four sections. The first section estimates the number of frail elderly in Federally assisted housing. The report links data from the National Long Term Care Survey (which provides data on limitations associated with frailty) and the American Housing Survey (which provides an estimate of the number of elderly in assisted housing). Because there is no single source for these numbers, nor is there a standard definition of frailty, the estimate of frail elderly in Federally assisted housing is presented as a range rather than "a" single number. The second section identifies and assesses a number of alternative approaches being used or considered for providing support services. The report looks at Federal and State Congregate Housing programs and examines several new concepts in service delivery systems: the Social/Health Maintenance Organization (S/HMOs), that provides prepaid case management, support and social services as well as health coverage with limited long-term services; a program which would provide vouchers for support services; and the Congregate Housing Certificate Program (CHCP), which would provide funding for housing and services in a single package. The third section examines potential local, State, and Federal funding streams for providing support services and includes an assessment of using Federal and State matching funds. The final section provides recommendations based on the assessment of the need for support services and the assessment of the various alternative service delivery systems identified.

### D. HUD-HHS SERVICE INTEGRATION PROJECT

This project involves coordinating and integrating the delivery of housing and other services for the frail elderly at two demonstration sites—a rural retirement community and an urban county. Operated by the State of Florida's Department of Health and Rehabilitative Services, the project's goals are to prolong the self-sufficiency of the elderly, improve the quality of their last years, and produce a more efficient, accessible and cost effective service delivery system. These goals are being achieved by implementing changes in three areas: (1) case management—fostering a cross-agency network approach and targeting high-risk and underserved clients; (2) service delivery system—implementing a community-based administrative system; and (3) administrative barriers to service delivery—identifying and removing existing barriers created by policies which require duplication of effort or are no longer efficient.

During Phase I of the project, barriers such as fragmented administrative systems and unequal access to services due to overlapping and contradictory Federal and State regulations and requirements were identified and some were eliminated. During Phase II, a service integration model was developed to address some of the remaining barriers and to make delivery of services to the frail elderly more efficient and effective. That model is being implemented in Phase III, during which the effectiveness of the model is being evaluated.

### E. ADAPTABLE HOUSING MANUAL

A project to develop a manual on adaptable housing was completed in Fiscal Year 1988. The manual promotes the design and construction of housing in which the basic structure and elements are accessible, in terms of entry and circulation, allowing other features to be added or altered easily to meet the special needs of a resident. While the concept of adaptability emphasizes the needs of persons with disabilities, it has equal application for elderly persons. Elderly persons would benefit from such features as the ability to lower overhead kitchen cabinets or the ability to adjust the height of a kitchen counter to work while sitting. The most important benefit of adaptive housing to elderly persons is that such features would enable persons to remain in their homes as they age. Adaptable features, which would be standard configurations today, could be adapted easily to meet the future needs of a person as their abilities change due to aging, illness, or injury.

### F. PROGRAM FOR THE CHRONICALLY MENTALLY ILL

The Program for the Chronically Mentally Ill is an initiative of the Robert Wood Johnson Foundation, HUD, and HHS to support community-wide projects aimed at coordinating and expanding services for the chronically mentally ill, many of whom are elderly. These projects provide a broad range of health, mental health, social services, and housing options to help the chronically mentally ill function more effectively in their everyday lives and avoid inappropriate institutionalization.

Under the program, the Foundation is providing approximately $28 million in grants and low interest loans to nine of the Nation's 60 largest urban centers with populations in excess of 250,000. As its part of the program, HUD has provided 1,125 Section 8 Existing Housing certificates, worth $77 million, to local housing authorities for use by mentally ill clients. The Foundation and several Federal agencies are co-sponsoring an evaluation of the program. The Social Security Administration is working with grantees to improve the efficiency and effectiveness of the ability determination process.

The program is co-sponsored by the National Governor's Association, the U.S. Conference of Mayors, and the National Association of Counties. Because the services required to build a continuum of care for the chronically mentally ill are often under the jurisdiction of different local and State agencies, the three co-sponsors represent the unique perspective of city, county, and State governments in this national program.

Nine cities are participating in the program. These cities are: Philadelphia, Baltimore, Cincinnati, Columbus, Toledo, Charlotte, Denver, Austin, and Honolulu.

From 3,600 to 5,400 housing units are expected to be made available for the chronically mentally ill. This includes the housing assistance from HUD, plus additional housing developed by State and local government and the private sector. Because the program also will provide case management and non-residential services for the chronically mentally ill population, the program is expected to serve many more people in the nine cities when it becomes fully operational.

Progress has already been impressive:

—Cincinnati, for example, has established a revolving housing trust fund leveraging local private funds with the $1 million low interest loan; 450 to 600 new units of housing for the chronically mentally ill will be developed within 10 years.

—The stimulus provided by the three Robert Wood Johnson sites in Ohio led to enactment in 1988 of legislation that will dramatically reshape mental health services and financing state-wide.

In a very short period, this initiative has stimulated Governors, Mayors, State legislators, health providers, housing experts, and the public to work together to build a better system to care for the seriously mentally ill, a system which should prevent many persons from becoming, or continuing to be homeless.

## VI. FAIR HOUSING AND EQUAL OPPORTUNITY

On September 13, 1988, President Reagan signed the Fair Housing Amendments Act of 1988. This Act extends the protections of the Fair Housing Act of 1968 to families with children and the handicapped and provided enforcement powers so that the Federal Government could assist those discriminated against by helping them secure damages and other appropriate remedies.

While the Congress protected families with children from discrimination, they demonstrated their concern for the elderly by defining a category of "housing for older persons" which would be exempt from the requirement of nondiscrimination against families with children. Such housing is defined as 1) housing for the elderly provided under any State or Federal program designed and operated for this purpose, 2) housing intended for and solely occupied by persons 62 or older, 3) housing intended and operated for occupancy by at least one person 55 or older per unit. "Over 55" housing must have significant facilities and services designated to meet the physical or social needs of older persons or show that provision of such facilities and services is impracticable and that such housing is necessary to provide important housing opportunities for older persons. The Fair Housing Amendments Act goes into effect on March 12, 1989.

The Department continues to process complaints of age discrimination in HUD programs under the Age Discrimination Act. During 1988 HUD received six complaints alleging age discrimination. Four of the six have been forwarded to the Federal Mediation and Conciliation Service for mediation. HUD's field offices are investigating the other two.

## ITEM 8. DEPARTMENT OF THE INTERIOR

DECEMBER 7, 1988.

DEAR MR. CHAIRMAN: Secretary Hodel was pleased to receive your letter of September 21, 1988, concerning the annual report on Developments in Aging, 1988. He has asked me to submit the report for the Department of the Interior, and to thank the Committee for printing the Department's entire report in the Senate Special Committee on Aging publication in 1987. We are appreciative that the report was distributed to the Congress, State and local governments, professionals, academics, journalists, and interested individuals.

Interior's bureaus and offices have submitted their reports on the Developments in Aging that are from their programming in 1988. Their reports are presented in attachments A–O, and summary highlights from their reports are:

The Department showed a 5.7% increase in 1988 of employees age 70 years and older, one employee 92 years old, one age 87, two age 86, 13 over age 80, and 296 employees over age 70 reported by the Office of Personnel (A); A work force of 59% of the employees over age 40, 83 employees over age 60 which is an increase over last year of eight employees, six employees over age 70 which is an increase of four employees since last year, an effort to creatively utilize resources of the older population due to demographic changes, equal opportunity to all applicants and employees with no discrimination, outreach efforts without age restrictions, encouragement of management and supervisors to insure fairness in employee treatment regardless of age and to recognize contributions of employees with lengthy service by awards and ceremonies, and building accessibility for older persons by the Office of the Secretary Personnel (B);

The approval of a Department final age discrimination regulation with standards and procedures for recipients of federal funds to ensure that their programs and activities are carried out in a non-discriminatory manner, the management of a national public notification program informing the public of Interior's age discrimination policies and the procedures for filing complaints, the processing of 13 complaints of alleged age discrimination against various recipients of federal funds with no identification of any discrimination, the conduct of 7,065 civil rights compliance revues on age discrimination with 96% conducted on-site, nine formal civil rights training sessions that included age discrimination, participation in interagency sessions sponsored by the U.S. Office of Personnel Management that covered employees caring for an older family member, and an aggressive and affirmative equal opportunity program with education and enforcement components by the Office of Equal Opportunity (C);

Also, use of equal opportunity coordinators representing office heads for implementing affirmative employment program plan activities that include the prevention of age discrimination, the awareness of issues and policies affecting the aging by information to office managers and employees, quarterly meetings of equal opportunity coordinators, and special programs and forums that include video cassettes on aging and information handouts in the Secretarial Equal Employment Opportunity Office (D); The exploration of possibilities of historically black colleges and universities providing certain social services to the aging by joint Interior and higher education projects reported by the Office of Historically Black College and University Programs (E); The establishment of programs and procedures for the elderly by the self-governing territories with federal funding, assistance and input to the territorial governments, and no employment discrimination by the Office of Territorial and International Affairs (F);

Also, the development of special focus programs and activities for senior citizens in the national parks such as day camps and senior centers that provide special tours and programs, outreach efforts where park personnel go into convalescent hospitals and nursing homes to present programs usually given at the parks, efforts to increase the number of older citizens in the Volunteer in the Park Program through the American Association of Retired Persons, the operation of the Golden Age Passport Program that issues lifetime permits to people over age 62 that allows them to enter parks without paying entrance fees and reduces by 50 percent the federal use fees for activities like boating and camping, an increase in the number of Golden Age Passports to 368,569 in 1987 and a higher amount estimated in 1988, the removal of accessibility barriers for disabled and senior people that include the visual and hearing disabled as well as the mobility disabled, the reference to the Nationwide Recreation Survey with a chapter on Aging and Outdoor Recreation which was used by the President's Commission on American Outdoors and emphasized a greater diversity of interest and abilities among older Americans for the future of parks and other recreation resources, the providing of financial and technical assistance to State and local government for recreation land acquisition and development under the Land and Water Conservation Fund that encourages and monitors grant recipients on programs and activities for elderly citizens, planning assistance to States and urban communities on the recreation needs of older people under the Statewide Comprehensive Outdoor Planning and Urban Park and Recreation Recovery Programs, and the monitoring of a decrease in the number of employees over age 60 while the number had increased in previous years reported by the National Park Service (G);

Also, 178 employees over age 60 which increased by 22% over last year due primarily to a large number of employees reaching age 60, the majority of senior officials of highly technical and scientific positions valued for their knowledge and experience, and the review of internal and external employment policies with no evidence of age discrimination reported by the Bureau of Mines (H); The employment of 227 people over age 50 in a total of 1,100 agency employees, encouragement of managers and supervisors through training courses and other means against age discrimination, special recognition for employees with long federal service, inclusion of employees over age 50 in all areas of career and executive/management development, publications and photo stories on aging, a policy statement and the processing and adjudication of age discrimination complaints, and programs to aid the aging in the protection of life and property in the Office of Surface Mining (I);

Also, social services and financial payments to eligible Indian individuals and families that include the elderly who reside on or near reservations and are not eligible for such assistance from other federal and state sources, the counseling of elderly Indians on financial matters, and the Adult Custodial Care program that provides protective services and non-medical care to aging Indians in the least restrictive environment at home or an institution reported by the Bureau of Indian Affairs (J); An increase in the bureau's recruitment of older citizens to serve the public lands with seven percent of the 8,994 volunteers over age 55, older volunteers assisting in the campground visitor areas in the Southwest with 92 volunteers over age 55 contributing 44,645 hours, the performance of such tasks as visitor assistance and information and facility maintenance, and the Senior Community Service Employment Program in cooperation with the Green Thumb program and the American Association of Retired Persons by the Bureau of Land Management (K);

Also, a reputation for excellence in earth science research from contributions by older employees, the use of over 200 re-employed annuitants including one employee aged 87 with a total of 64 hours of service in the bureau, an emphasis on the recognition and utilization of older worker talents by public ceremonies and awards that included 171 awards for service from 30 to 50 years and 68 awards for exceptional service, the retirement planning program that conducts retirement seminars twice a year to provide older employees information on retirement benefits and options that include life adjustment and financial planning, the Volunteer for Science Program that offers retired workers a chance to continue scientific research as volunteers, a network of retired employee organizations that help keep former employees in touch with one another and with bureau activities and provides a network for current bureau scientists to further scientific research among academic or professional organizations, a Job Fair under the Job Training Partnership Act Program as a means to recruit federal employees, and personnel management practices that require non-discriminatory hiring and job retention as well as the full utilization of the talents and skills of all employees in the U.S. Geological Survey (L);

Also, an increase from 50 to 54 percent of the 2,097 work force over age 40 with 100 employees over age 60 and 24 over age 65, use of older workers in a variety of occupational specialties including technical and scientific fields, the identification of training needs of senior employees and the conduct of retirement seminars, a two-year equal employment opportunity training program for managers and supervisors costing $140,000, the implementation of personnel management policies on equal opportunity including operating instructions for an Applicant Background Survey, the mineral royalty payments to various landholders made up of senior American Indians and numerous other older Americans, and the significant effect on the economic well-being of all citizens from increasing domestic offshore oil and gas production reported by the Minerals Management Service (M); The employment of older persons in a broad spectrum of occupations and the utilization of re-employed annuitants, older workers and retirees serving in advanced engineering areas and as members of boards and commissions in a variety of scientific and administrative professions, recreation opportunities for senior citizens in water-oriented activities such as fishing and camping, special award ceremonies that recognize the performance of senior employees such as 34 service awards in 1988, increased efforts to make projects and facilities accessible to handicapped and older individuals, agreements with other agencies and organizations such as the promotion of part-time work opportunities in community service activities for unemployed low-income persons over age 55, the establishment of a senior volunteer guide program at Hoover Dam that includes 12 volunteers who worked on the Dam in the 1930's, Reclamation Employees Associations that keep contact with retirees and encourage them to participate in various civic and recreational functions and events, and the conduct of pre-retirement seminars for employees five years from retirement and their spouses that cover retirement aspects like insurance and financial planning in the Bureau of Reclamation (N);

Also, the evaluation of all programs and services in compliance with age and handicap regulations on accessibility, the use of audio and visual components for the visually and hearing impaired and trained staff to meet the special needs of the aging, a program that allows the aging to tour the refuge in their automobiles to observe birds and other species, the modification of facilities to accommodate the elderly, the Golden Age Passport Program that educates the elderly and community organizations with over 15,000 passports issued in Hawaii for example, participation by the elderly in Federal Lands Day to assist with refuge projects on revegetation and painting and repairing facilities, an expanded use of senior citizens in the Service Volunteer Program in cooperation with the Green Thumb and Retired Senior Volunteer Programs such as one refuge having senior citizens comprising 95 percent of the volunteer staff with 10,000 hours of service, the use of senior citizens to help supervise fish projects for disabled children, former service employees volunteering to share their knowledge and expertise, 102 persons over age 60 volunteering their services in the Midwest Region, an employee work force with 3,862 over age 40 and 340 over age 60, ceremonies to honor senior employees for special achievements, and "open houses" and celebrations for senior volunteers with the oldest volunteer participating at age 94 reported by the U.S. Fish and Wildlife Service (O).

We are always pleased to submit our Developments in Aging report, and we hope you are impressed by the numerous Interior activities and programs that involve the aging throughout the country. The Department is dedicated to meeting the interests and needs of the aging in its diverse programs and services. Secretary Hodel and our entire agency appreciate the efforts of you and the Special Committee on Aging, and we will continue to cooperate with the Committee in any way possible. Thank you for the opportunity to forward our report for 1988.

Sincerely,

Dr. Andrew S. Adams,
*Special Projects Administrator,*
*Policy, Budget and Administration.*

Attachments.

## ATTACHMENT A

Memorandum To: Special Projects Administrator, PBA.
From: Director of Personnel.
Subject: Report on Development on Aging 1988.

This is in response to your memorandum of October 11, 1988, requesting information from the Office of Personnel for inclusion in the Senate's Special Committee on Aging 1988 Report.

The Department experienced a 5.7 percent increase in 1988 of individuals age 70 years and older. As of September 30, 1988, there were 296 employees 70 years and older, compared with 280 employees reported in the previous year. Of the 296, 13 employees were 80 years and older. Of the 13, one person is 92 years young, one is 87, and two employees are 86.

The attached chart provides a breakdown, by age of Department of the Interior employees age 70 and older.

If you have any questions regarding our submission, please contact Donna Davis on 343-7764.

MORRIS A. SIMMS.

### 1988 REPORT TO THE SENATE COMMITTEE ON AGING

DEPARTMENT OF THE INTERIOR EMPLOYEES 70 YEARS OR OLDER [1]

| AGE: | *Total number of employees* |
|---|---|
| 70 | 63 |
| 71 | 48 |
| 72 | 43 |
| 73 | 24 |
| 74 | 33 |
| 75 | 18 |
| 76 | 20 |
| 77 | 13 |
| 78 | 10 |
| 79 | 11 |
| 80 | 3 |
| 81 | 3 |
| 82 | 1 |
| 83 | 2 |
| 86 | 2 |
| 87 | 1 |
| 92 | 1 |
| Total | 296 |

[1] As of September 30, 1988.

## ATTACHMENT B

Memorandum to: Special Projects Coordinator, Assistant Secretary Policy, Budget and Administration.
From: Personnel Officer, Office of the Secretary.
Subject: Report on Developments in Aging, 1988.

This is in response to your memorandum of October 11, 1988, regarding the subject program in fiscal year 1988. The Office of the Secretary does not administer any programs intended exclusively to benefit the aging, however, our personnel program is firmly committed to serving the needs of the elderly by providing access for elderly citizens to employment opportunities and by providing training and other services to those older employees who wish to remain active in the workplace. We employ older persons in a wide variety of occupations, with 59 percent of our work force being over the age of 40. 83 of our employees are over age 60, which is an increase of 8 since FY 87. 6 employees are over the age of 70, an increase of 4 since FY 87.

We are very much aware of the demographic changes taking place in the work force; the over 40 population in the Department and the country as a whole is growing rapidly. In order to meet our demands for skills we must creatively utilize the resources of the older population. The Office of the Secretary provides equal opportunity to all applicants and employees regardless of age and our outreach efforts include all segments of society and make no restrictions according to age. Managers and supervisors are encouraged to ensure fairness in the treatment of all employees regardless of age and to recognize the contributions of employees who have served the Department for many years by presenting length of service awards at local ceremonies and by supporting the hiring and training of older persons whenever possible.

Our Division of General Services continues to provide equal access to Interior buildings for older persons when entering to inquire about Interior programs or opportunities for employment with the Office of the Secretary.

J. LYNN SMITH.

## ATTACHMENT C

Memorandum to: Dr. Andy Adams, Special Projects Administrator Policy, Budget and Administration.
From: Director, Office for Equal Opportunity.
Subject: Report on Developments in Aging, 1988.

In Fiscal Year (FY) 1988, the Office of Equal Opportunity (OEO) published a proposed rule to effectuate the nondiscrimination requirements of the Age Discrimination Act of 1975 in Departmental programs and activities receiving Federal financial assistance. On November 16, 1988, the Department approved a final age discrimination regulation for publication in the *Federal Register*. This final regulation provides standards and procedures for recipients in ensuring that their programs and activities are carried out in a nondiscriminatory manner regardless of age.

OEO continues to manage a national public notification program which actively apprises the public of Interior's age discrimination policies and the procedures for filing complaints of alleged age discrimination. In official contacts with recipients and the general public, OEO routinely disseminates information regarding the Department's policies proscribing age discrimination.

In FY 1988, OEO processed a total of 13 complaints of alleged age discrimination against various recipients of Federal assistance. Several of these complaints alleged discrimination based on age and handicap. To date, OEO has not identified any discriminatory patterns or practices based on age affecting the Department's Federal assistance programs. A total of 7,065 civil rights compliance reviews have been conducted of recipients and applicants of Federal financial assistance. All of these reviews were conducted in light of the Age Discrimination Act of 1975. To this end, a total of 390 preaward reviews were accomplished of recipient operations in addition to 6,675 post award compliance reviews. Over 96% of these reviews were conducted onsite to ascertain whether recipients were complying with Departmental requirements prohibiting age discrimination.

OEO conducted nine formal civil rights training sessions, for bureau equal opportunity and grants officials, which covered the applicability of the Age Discrimination Act to Federal assistance programs and activities. Each of these training sessions treated age discrimination issues and related Federal nondiscrimination requirements in detail.

The Office also has actively participated in Interagency Advisory Group sessions sponsored by the U.S. Office of Personnel Management on how to develop policies, obtain assistance and implement services for Departmental employees who are confronted with responsibilities and pressures of caring for an older family member.

In addition, OEO administers an aggressive and affirmative Federal Equal Employment Opportunity Program that affords civil rights protection by providing equal and fair employment opportunities within the Department of the Interior regardless of any qualified person's age. OEO's work in this area encompasses three major thrusts—education, evaluation, and enforcement.

CARMEN R. MAYMI.

## ATTACHMENT D

Memorandum to: Dr. Andy Adams, Special Project Administrator.
From: Equal Employment Opportunity Officer for the Office of the Secretary and ODO's.
Subject: Report on Developments in Aging, 1988.

This responds to your memorandum of the above subject dated October 11th. The Office of the Secretary's Equal Employment Opportunity Office (OS/EEO) utilizes a network of EEO Coordinators who represent office heads in coordinating the implementation of the OS affirmative employment program plan activities. Likewise, coordinators act as the conduit for dissemination of pertinent information throughout the Office of the Secretary and Other Departmental Offices (OS/ODO's).

An effective and continuing awareness of issues, policies, legislation, etc., that affect individuals 40 years and older, is provided to office, heads, supervisors, managers and employees through such means as:

—Departmental EEO Policies
—Quarterly EEO Coordinators meetings
—Special programs and forums
—Review of video cassettes on Aging
—Newsletters, Fact Sheets, etc.

Moreover, the EEO Coordinators network enhances the affirmative employment program by their continuing efforts to advise management of barriers that inhibit this employee group from experiencing equal employment opportunities because of age.

Equal Employment Opportunity Specialist, Pat Spinner, is the office's project person. Pat is in the Program Development and Evaluation Unit, supervised by Bess Woods. If you have any questions, please call Ms. Spinner or Ms. Woods on 343-4015.

IVAN L. KING.

## ATTACHMENT E

Memorandum to: Dr. Andy Adams, Special Projects Administrator, PBA.
To: Ira J. Hutchison, Director, Office of Historically Black College and University Programs and Job Corps.
Subject: Report on Developments in Aging, 1988.

This is in response to your October 11, 1988 memorandum concerning the above subject. This Office currently does not have programs designed specifically for the aging. We do continue to explore the possibilities of historically black colleges and universities (HBCUs) providing certain social services (including those to the aging) as we develop joint HBCU/DOI projects.

Thank you for this opportunity to report on activities involving the aging.

## ATTACHMENT F

Memorandum to: Dr. Andy Adams, Special Projects Administrator, PBA.
From: Principal Deputy Assistant Secretary—Territorial and International Affairs.
Subject: Report on Developments in Aging, 1988.

I am responding to your memorandum of October 11, 1988 on the above subject.

The territories under the jurisdiction of the Office of Territorial and International Affairs are self-governing and are responsible for establishing programs and procedures for the elderly as required by Federal funding provided to them. This office provides assistance and input to these governments upon request.

Within this office there exists no discrimination on aging in regard to employment, including appointments, special assignments, promotions, training, etc.

## ATTACHMENT G

Memorandum to: Special Projects Administrator, PBA.
Through: Assistant Secretary for Fish and Wildlife and Parks.
From: Acting Director, National Park Service.
Subject: Report on Developments in Aging, 1988.

The National Park Service has long been and is continuing to recognize its responsibility to improve opportunities for all citizens to participate in and enjoy the programs provided throughout its System. In 1979, the Special Programs and Populations Branch was created with the responsibilities of monitoring and coordinating Servicewide efforts to improve services to disabled and elderly persons. Since that time, considerable action has been taken at the national, regional, and local park level to provide continued input to this commitment. A number of parks have made efforts to include senior citizens and other special populations. These efforts have included the development of special focus programs and activities such as day camps for senior citizens, the provision of senior centers, special tours and programs, as well as outreach efforts where park personnel go into convalescent hospitals and nursing homes to present programs usually provided at the park.

At the present time, continued efforts are being made to increase the number of older citizens in the Service's Volunteer in the Parks Program and we are currently working with the American Association of Retired Persons (AARP). Since 1983, the number has increased from 4 percent to 9 percent. Another major effort of the National Park Service, as it relates to senior citizens, is the operation of the Golden Age Passport Program. The Golden Age Passport is a free lifetime entrance permit to those recreation areas administered by the Federal Government that charge entrance fees, and is issued to citizens or permanent residents of the United States who are 62 years of age or older. The holder of this passport also gets a 50 percent discount on Federal use fees charged for facilities and services such as camping, boat launching and parking. Since 1975, when this program was changed from a 1-year permit to a lifetime permit, the Service has issued well over 3 million passports. In 1985, we reported that over 300,000 passports were issued by all Federal recreation agencies. In 1986, 302,153 Golden Age Passports were issued by all Federal recreation agencies. Data for 1987 show an increase to 368,569 Golden Age Passports issued. Statistical data for 1988 will not be available until early 1989, however, it is anticipated there will be an increase in the number issued.

The National Park System is increasingly becoming more accessible for all citizens including the elderly and other special populations. This is due to our continuing efforts to remove barriers that inhibit special population groups from experiencing and enjoying the national parks. Many senior citizens who, due to the aging process, are experiencing the loss of hearing, problems with visual acuity and mobility impairments, benefit from these programs and facility modifications. Large type materials, captioned audiovisual programs, audio messages for the blind, and adaptations for wheelchair users are all modifications from which the senior citizen can benefit.

In 1986, the Service published the report of the 1982–83 Nationwide Recreation Survey (NRS). The report included a chapter on "Aging and Outdoor Recreation," which was based on a series of questions sponsored by the Administration on Aging and asked of respondents age 60 and over. A major user of the NRS data in 1986 was the President's Commission on American Outdoors. The Commission's report, published in July 1987, emphasized the implications of an aging U.S. population and a greater diversity of interest and abilities among older Americans for the future of parks and other recreation resources.

The National Park Service continues to provide financial assistance to State and local governments for recreation land acquisition and development under the Land and Water Conservation Fund (LWCF) program. Under this and other financial assistance programs, the Service encourages and monitors grant recipients to ensure that adequate provisions are in place to ensure access to assisted recreation facilities and services for elderly citizens, in accordance with the Age Discrimination Act of 1975.

The Service provides financial and technical assistance to States for Statewide Comprehensive Outdoor Recreation Planning under the LWCF Act. One of the major objectives of such planning is to identify and address the recreation needs of special populations, including the elderly and people with disabilities. A number of urban communities also continue with special planning and recreation programming efforts for senior citizens initiated in earlier years with grants from the Urban Park and Recreation Recovery Program.

The National Park Service continues to monitor and identify the number of employees age 60 and over. In previous years the number of these employees had slightly increased. However, in 1988 the survey indicates a decrease in the number of employees in this age group.

The National Park Service will continue to monitor this situation and will continue efforts to improve services to this age group.

## ATTACHMENT H

Memorandum to: Andy Adams, Special Projects Administrator, Office of the Assistant Secretary—Policy, Budget and Administration.
From: Director, Bureau of Mines.
Subject: Report on Developments in Aging, 1988.

This is in response to your memorandum dated October 11, 1988, concerning the Annual Report on Developments in Aging.

At this this time last year, the Bureau of Mines had a total of 146 employees age 60 and above. This year that workforce increased to 178; and increase of 22 percent. The increase was primarily due to a large number of employees reaching their 60th birthday during the reporting period. The majority of our senior officials are in highly technical and scientific positions. Their knowledge and experience have been and continue to be highly valued by the Bureau of Mines.

We have reviewed our internal and external employment policies and find no evidence of age discrimination.

## ATTACHMENT I

Memorandum to: Andy Adams, Special Projects Administrator, Office of the Assistant Secretary—Policy, Budget and Administration.
From: Director.
Subject: Report on Developments in Aging, 1988.

This is in response to your memorandum dated October 11, 1988, on Aging. As a bureau, the Office of Surface Mining Reclamation and Enforcement (OSMRE) has no special programs directed exclusively toward people over age 50. Instead we prefer to accept, recognize, and utilize the talents of this group in every part of this organization. OSMRE has a total of 227 employees over the age of 50. The Agency employs approximately 1100 people.

Managers and supervisors are encouraged to give support to the intent of the guidelines found in section 3307 of Title 5, U.S. Code—this is also highlighted in various in-house training courses. Special recognition is given for long years of Federal service with ceremonies that include presentation of service pins. Persons over age 50 are included in all areas of career and executive/management development. Publications (such as handbooks) and photo stories (such as video tapes) are reviewed to assure that the aging are included.

In addition, OSMRE processes and adjudicates all age discrimination complaints pursuant to Federal statutes and implementing regulations. Discrimination on the basis of age is a prohibited personnel action and OSMRE has issued a policy statement which prohibits discrimination on the basis of age.

Overall, OSMRE programs continue to aid older Americans in the protection of lives and property.

## ATTACHMENT J

Memorandum to: Dr. Andy Adams, Special Projects Administrator, PBA.
From: Assistant Secretary—Indian Affairs.
Subject: Report on Developments in Aging, 1988.

This is in response to your memordaum dated October 11, 1988, concerning the Annual Report on Developments in Aging, 1988.

The Bureau of Indian Affairs (BIA), Social Services, provides services and financial payments to eligible Indian individuals and families, including the elderly, who reside on or near reservation, and who are not eligible for such assistance from any other Federal or state source. Social Services counsels elderly Indians with restricted Individual Indian Monies Accounts on budgeting of financial matters and intervenes on behalf of the Indian upon request. Another component of services to the elderly is Adult Custodial Care which is provided in locales where public funds are not available. Custodial care is essentially protective services and non-medical care to an eligible person when due to age, infirmity, physical or metal impairment, that the person requries care from others in his or her daily living. The non-medical care is provided in the least restrictive environment including the individual's home, group home setting or an institution.

## ATTACHMENT K

Memorandum to: Dr. Andy Adams, Special Projects Administrator Policy, Budget and Administration.
From: Acting Assistant Director, Management Services Bureau of Land Management.
Subject: Report on Developments in Aging, 1988.

This responds to your request for a report on the activities of the Bureau of Land Management (BLM) on Developments in Aging.

The Bureau's recruitment of older citizens to serve the public lands continued to increase during fiscal year 1988. Approximately seven percent of the more than 8,994 volunteers we have for the public lands were 55 years of age or older. BLM's use of these older Americans was most noticeable in the Southwest—Southern California, Arizona, and New Mexico. In Arizona along the lower Colorado River—an area that attracts thousands of campground visitors during the mild and sunny winter—many older persons volunteered to assist in managing the Bureau's long term visitor areas. In the Yuma District alone we had 92 volunteers (55 years of age or older) who contributed 44,645 hours of volunteer service. In the course of their volunteer service, they issued camping permits, provided information to visitors, cleaned visitor facilities, made visitor counts, and assisted with the District's public affairs program, including publication and distribution of four issues of a newspaper for visitors, the "Snowbird Messenger."

Federal retirees are among the older BLM Volunteers who have made significant contributions to the Bureau, the following sampler of projects on which these older volunteers worked during the year suggests their diversity:

One volunteer, a BLM retiree, has served as volunteer program coordinator for several years, including assisting with the Student Conservation Program, for Oregon's Lakeview District. He also assists fire-prevention activities and the "Keep Oregon Green" Program.

A second volunteer is a Forest Service retiree, and has run the Shady Cove Office, a public contact office for Butte Falls Resource Area in the Medford District, Oregon. He has served two days a month, eight months a year for six years. The work has included distributing information about the public lands, and firewood and Christmas tree permits. His steadfast devotion to duty as a Volunteer continues a lifetime devotion to public service.

A third volunteer is a retired Bureau of Mines chemist and amateur biologist. Over the last three years we have significantly advanced the wildlife program of the Pony Express Resource Area, Salt Lake District, Utah. His contributions include projects to improve wildlife habitat, such as repairing and maintaining watering facilities, excavating, by hand, pipelines to repair broken pipes and re-plumb troughs, and volunteering his well-trained dogs to assist him in sage-grouse inventory.

A fourth volunteer, a retired BLM employee, has aided the Washington Office Division of Cadastral Survey as a volunteer since 1984. He coordinated the Bicentennial Celebration of the Land Ordinance of 1785, wrote and presented papers on the same subject to professional groups, worked with the Smithsonian Institution on a related exhibit at the National Museum of American History, and assisted the National Geographic Society's Historical Atlas Project and the Bureau's History Project.

A fifth volunteer of Spearfish, South Dakota, BLM retiree, has maintained the Fort Meade Recreation Area, in the Miles City (Montana) District's South Dakota Resource Area. In addition to taking care of the Fort Meade picnic area he looks after the Fort Meade National Cemetery and marked and cruised ponderosa pine for a timber sale. His contributed service ensures the public a quality place to enjoy the outdoors.

In Washington, D.C., we are working with the American Association of Retired Persons (AARP) on arrangements for cooperating with AARP's volunteer clearing house system. When the system is fully operational, Association members and other older persons interested in doing volunteer work in natural resources management will be steered to public lands areas that have requested the assistance of older volunteers.

The Bureau has continued its use of the Senior Community Service Employment Program. Our participation in this program is in cooperation with national sponsors such as Green Thumb and the AARP. Some of our field offices utilize these persons on a regular basis. We have found this program to be very beneficial and rewarding and plan to continue using it.

## ATTACHMENT L

Memorandum To: Dr. Andy Adams, Special Projects Administrator, Policy, Budget and Administration.
From: Personnel Officer.
Subject: Report on Developments in Aging, 1988.

This is in response to your request for a report on the activities of the U.S. Geological Survey (USGS) on Developments in Aging.

The USGS has long been concerned about and is continuing to recognize its responsibility to provide employment opportunities for all qualified citizens, regardless of age. One of the very distinctive strengths of the USGS is its relationship with tradition and the past. Over the last 100 years, our bureau has established a hard reputation for excellence in earth science research. These achievements are a direct reflection of the men and women of science, many of whom are older employees, whose efforts have shaped and fostered the development of our programs. Many of these older citizens have been USGS employees most of their adult lives. Among our current employees are more than 200 reemployed annuitants, including former bureau Directors and Assistant Directors, and many former Division Chiefs. One such individual, Dr. Thomas B. Nolan, is typical of other older USGS employees who have contributed significantly to earth science research over the years. At 87 years of age with a total of 64 years of service with the bureau, Dr. Nolan continues to pursue a distinguished career which began in 1924 as a Junior Geologist and advanced to the position of Director of the Geological Survey. Today Dr. Nolan continues his outstanding scientific research on an intermittent basis, and is oftern seen in and around the National Center pursuing his work. He is indeed an inspiration and a source of great pride among USGS employees. It is recognized throughout the USGS that the experience which individuals such as Dr. Nolan possess can never be fully replace. Most of them continue to be employed because they have no desire to stop the challenging scientific work begun during their careers, and because the USGS has a continuing need for and sincere interest in their extensive knowledge of the bureau's organization and its mission. Their expertise is a rich fund from which younger employees can draw in order that their own research may be enhanced and strengthened.

Because we are predominately reserch oriented, there are few bureau programs directed exclusively toward the aging. Rather, the impact of aging among our employees is directed specifically toward the recognition and utilization of the talents of older workers. Each year, in public ceremonies which honor meritorious service and special achievements, there are many awards for length of service. In the past year, awards for 30 years of service have been granted to 152 employees; 16 have received 40 year service awards, and 3 people have become eligible for 50 year service awards. In addition, 34 employees over the age of 50 were awarded meritorious service awards; 25 employees over the age of 50 received superior service awards, and 9 employees over the age of 50 received distinguished service awards. The key to understanding the dedication of these individuals is the recognition that their scientific work and research contributions continue to be useful, productive, and unique.

The singular ongoing bureau program which focuses exclusively upon aging employees is the retirement planning program operated by the Personnel Office. Retirement seminars are presented twice a year in an effort to provide older employees with up-to-date information on retirement benefits and options to facilitate their advance planning regarding retirement. These seminars usually include discussions concerning adjustments, financial planning, social security, civil service annuity benefits, spousal benefits and heatlh maintenance. The program is popular and seminars are well attended.

Another avenue at the USGS which is open to older citizens is the Volunteer for Science Program which has recently received a great deal of publicity and public interest. The program offers retired workers a chance to continue scientific research begun during their careers or to assist scientists in the USGS in performing scientific studies on a voluntary basis. By participating as a volunteer, the individual may play a contributory role in work which is significant without interfering with annuity benefits and without a specific obligation to full time work. The USGS maintains a strong network of retired employee organizations which help keep former employees in touch with one another and with ongoing bureau activities. It provides a forum for discussion and continuation of the science in which many retirees continue to have active interest. It also provides a network for current USGS scientists to utilize to further scientific research among academic or professional organizations in which most former USGS scientists retain their membership after retirement.

As a means to aid in recruiting Federal employees, the USGS recently attended a Job Fair focused toward senior citizens in the Loudoun County area under the Job Training Partnership Act Program. Information was provided to attendees, many of whom were retirees, concerning job openings, civil service application procedures, and part-time employment possibilities. We will continue to pursue similar opportunities to interest older citizens in employment opportunities for which they qualify.

The USGS clearly recognizes the value of older employees. Our basic personnel management practices include strict adherence to nondiscriminatory hiring and job retention. Our policies manifest a strong commitment to utilizing the talents, skills and abilities of all of our employees, all of whom are equally significant to our scientific mission.

### ATTACHMENT M

Memorandum to: Special Projects Administrator Office of the Assistant Secretary—Policy, Budget and Administration.
From: Acting Assistant Director for Administration.
Subject: Report on Developments in Aging, 1988.

This is in response to your memorandum of October 13, 1988, requesting our report on Developments in Aging for 1988. The Minerals Management Service (MMS) continually works to serve the needs of older Americans both within the work force itself and through the major programs it administers nationwide. A number of facts and statistics point to continuing significant accomplishments by the MMS that directly impact older workers.

—Statistically, our total work force age 40 and over has increased during the past year from 50 percent to 54 percent (1,130 of 2,097). Of this total, 100 employees are over age 60 (4.76 percent) with 16 workers over age 65 and 8 over age 70. Older employees are well represented in the many and varied occupational specialties found in the MMS, particularly in the computer, accounting, engineering, and physical science fields. Clearly, the MMS is successfully hiring and retaining older workers at all levels.

—With an increasing aged work force, special attention has been focused on identifying the employee development (training) needs of the older worker. Retirement planning workshops were also offered to interested older workers.

—A particularly important objective of the MMS is that its managers and supervisors understand what constitutes discrimination and how to avoid situations that can lead to valid charges of discrimination, including age discrimination. We are confident that a recent 2-year MMS-wide Equal Employment Opportunity training program costing more than $140,000 has effectively achieved this goal.

—The MMS has implemented and continues to implement effective personnel management policies to ensure that equal opportunity is provided to all applicants and employees with regard to employment practices, promotions, training, and other essential personnel functions. In 1988, MMS issued operating instructions to conduct an Applicant Background Survey mandated by the Department of the Interior. The survey is monitored by the MMS Office of Equal Opportunity to ensure compliance with Federal law concerning equal opportunity in Agency recruitment programs.

—We continue to perform our mission-related functions with diligence and with appreciation of the importance of our actions. One mission responsibility impacting large numbers of citizens is the approval of mineral royalty payments to various landholders, including native American Indians. Included in this group are numerous older Americans who often depend heavily on these payments to meet basic human needs and rely on the ability of the MMS to effectively perform these financial responsibilities. We continue to make improvements in the delivery systems by which these payments are made.

—The MMS Offshore mission has the ultimate objective of increasing domestic mineral (oil and gas) production through Offshore resources, thereby decreasing our dependence on foreign imports. Such activities have significant effect on the economic well-being of all our citizens.

### ATTACHMENT N

To: Department of the Interior, Office of the Secretary, Policy, Budget and Administration (MS4340-MIB), Washington, DC 20240 Attention: Dr. Andy Adams, Special Projects Administrator (343-5521).
From: Chief, Personnel Management Division, WBR, Denver Office, Denver, CO.
Subject: Report on Developments in Aging—1988 (Your Letter Dated October 11, 1988) (Aging Developments).

Enclosed is the above-referenced report from the Bureau of Reclamation in response to your request.

The Bureau of Reclamation continues to carry out programs which provide meaningful opportunities for older Americans, especially in the areas of employment and recreation. We continue to support and encourage these programs throughout Reclamation. This report focuses on several different areas with respect to developments in aging, as follows: (1) Employment, (2) Recreation, (3) Awards and Recognition, (4) Handicapped Access, (5) Agreements With Other Agencies, (6) Volunteer Programs, (7) Reclamation Employees Association, and (8) Pre-Retirement Planning Seminars.

### 1. EMPLOYMENT

In employment, Reclamation stresses equality for all applicants and employees. Vacancy announcements are open to all qualified individuals, regardless of age. Reclamation employs older persons in a broad spectrum of occupations and utilizes reemployed annuitants to fill staffing needs in many program areas. Reclamation, as an engineering organization, employs the advanced level of skills and expertise which older employees can impart to other workers. Reclamation also utilizes retired individuals as members of boards and commissions and in a variety of technical, scientific, or administrative professions.

### 2. RECREATION

Recreation opportunities are available at many Reclamation facilities for water-oriented activities such as fishing, swimming, boating, and camping. These leisure activities traditionally attract the retired and senior citizen population.

### 3. AWARDS AND RECOGNITION

During 1988, the following employee special awards were presented. Fourteen Superior Service Awards, eighteen Meritorious Awards, and two Distinguished Service Awards. Many of these awards were received by senior employees in their fifties or older. These awards are presented in special ceremonies, where recognition is also given to senior employees for both length of service and outstanding performance. Also, Reclamation recognizes senior citizens for their contributions to Reclamation programs through the citizen's award program. During 1988, 11 citizen's awards were presented, a majority to senior citizens.

### 4. HANDICAPPED ACCESS

Reclamation has increased efforts to make our projects and facilities more accessible to handicapped individuals. Since a sizable percentage of the aging population experiences some degree of disability, these modifications make Reclamation facilities more usable and enjoyable for the elderly as well.

### 5. AGREEMENTS WITH OTHER AGENCIES

During 1988, Reclamation completed two agreements with other agencies and/or organizations. Those agreements and the results are described as follows:

a. In Reclamation's Upper Colorado Region, a Host Agency Agreement was completed in May of 1988 between Green Thumb, Inc. and our Weber Basin Job Corps Civilian Conservation Center in Ogden, Utah. Green Thumb, Inc. administers a Senior Community Service Employment Program by virtue of a grant with the U.S. Department of Labor. One person is presently employed as a maintenance helper at the Weber Basin Job Corps Center under this Host Agency Agreement.

b. Also in the Upper Colorado Region, a Human Resource Agreement was completed between the USDA; Forest Service; and the Bureau of Reclamation, Weber Basin Job Corps Civilian Conservation Center, consistent with Title V of the Older American Community Service Employment Act of 1973. The purpose of this agreement is to foster and promote useful part-time work opportunities in community service activities for unemployed low-income persons who are 55 years old or older. Two individuals are presently employed at the Weber Basin Job Corps Center under this agreement. One individual is employed as a warehouseperson/driver and the other in a clerical position.

### 6. VOLUNTEER PROGRAMS

Reclamation is proposing to establish a volunteer guide program at Hoover Dam. These tour guides would be senior citizens who worked on the dam during 1931. There were approximately 1,000 employees at work on Hoover Dam during its construction in 1931. Preliminary efforts are underway to locate some of these individuals and determine their interest in performing volunteer tour guide activities. Already, at least 12 have been identified as interested and available. If the program can be established, tours conducted by such individuals would result in very meaningful and memorable experiences for the tour patrons. Interest and enthusiasm have been expressed by the senior citizen, former employee group, who would conduct these tours.

### 7. RECLAMATION EMPLOYEES ASSOCIATIONS

Reclamation has active Reclamation Employees Associations (REA). These associations mail regular correspondence to retirees and encourage them to stay current with Reclamation activities by participating in various civic and recreational REA functions and events.

### 8. PRE-RETIREMENT SEMINARS

Reclamation routinely offers pre-retirement seminars for employees within 5 years of retirement. The seminars are for both employees and their spouses and cover retirement life style as well as financial considerations such as health and life insurance, retirement benefits, and financial planning.

Memorandum to: Dr. Andy Adams, Special Projects Administrator, Policy, Budget and Administration
From: Acting director
Subject: Report on Developments in Aging, 1988

Attached is the information the Fish and Wildlife Service (Service) has prepared for the 1988 Report to the Senate Special Committee on Aging, in response to the request in your memorandum of October 11, 1988. The service recognizes its responsibility for providing opportunities to all citizens throughout its system, and the Service strives to ensure that senior citizens are utilized and supported through special programs, volunteerism, employment opportunities and the modification of facilities to improve accessibility.

The Fish and Wildlife Service has the responsibility of ensuring that all of the Service's programs and activities, including those receiving Federal financial assistance, are in compliance with age and handicap regulations. In accordance with regulatory requirements, all Service programs and activities have been evaluated. Where barriers have been identified, they are alleviated in order to enable special population groups to experience and enjoy Service refuges and hatcheries.

Facilities are already accessible or have been modified to make programs and activities available to the elderly. In Louisiana, a group from the Madison Council on Aging routinely visits the Tensas River Refuge to tour the visitor's center, boardwalk and observation tower. In Alaska Maritime, there is a week-long program (Elderhostel) where the Service takes the senior citizens bird watching as an activity. In addition to having audio and visual components for the visually and hearing impaired and trained staff to meet the special needs of visitors, the J.N. "Ding" Darling Wildlife Refuge in Sanibel, Florida, has a unique feature called the Wildlife Drive. This is a 5-mile drive through quality wildlife habitat that enables visitors to remain in their car and still experience a close look at birds and other species found on the Refuge.

On weekends, the staff form Kenai National Wildlife Refuge, Alaska continues to provide services to the communities of Soldotna and Kenai by transporting the elderly to view and discuss special films on wildlife activities at the Refuge.

The Golden Age Passport Program has also been very successful in educating the elderly and community organizations. The number of these passports issued this year demonstrates that the Service is offering many activities and programs that interest the elderly. Two refuges (J.N. "Ding" Darling—11,640, and Hawaiian Island Complex—3,804) together issued over 15,000 Golden Age passports.

The Hawaiian/Pacific Islands National Wildlife Refuge Complex programs are designed to be beneficial for senior citizens. Many senior citizen centers are located on these islands and provide transportation from island to island. The Refuge staff offers intense public education training for the elderly. The refuge, in turn, is the beneficiary of senior citizen activities when many of the elderly participate in "Federal Lands Day" to assist with Refuge projects on revegetation, painting and repairing of facilities.

Senior citizens not only visit Service facilities, but they are also an integral part of the volunteer staff. Over the past year, the Service volunteer program relative to senior citizens has expanded tremendously. Many individuals have been utilized throughout the Service in programs such as the Green Thumb Program and the Retired Senior Volunteer Program.

On a southeastern refuge, senior citizens comprise 95% of the refuge volunteer staff, providing approximately 10,000 hours of service. These volunteers have various assignments such as data collection, research and refuge surveys. Disabled children participate in special projects such as the fishing derbies which senior citizens help supervise bi-yearly in Leetown, West Virginia.

Several refuges participated in the retired Senior Volunteer Program through an agreement with retired employees who continue to share their knowledge and expertise with the Service. At the Greer's Ferry National Fish Hatchery in Herbert Springs, Arkansas, there are retired individuals who have contributed from 500 hours to 4 years of volunteer work.

The Midwest Region benefits from the volunteer services of 102 persons who are over 60 years of age. Many elderly take advantage of refuge public use programs including sports fishing, hunting, wildlife observation, boating, swimming, sunbathing, hiking and shell collecting. The are also involved in most other aspects of resource management. For example, at the Michigan Seney National Wildlife Refuge, people from the Retired Senior Volunteer Program are essential to refuge operations during the summer. Without their assistance, thousands of visitors would not get the information they need to enjoy Seney's wildlife resources. At Crab Orchard National Wildlife Refuge near Marion, Illinois, one volunteer who is over 80 years old assisted with issuing decoys, assigning hunting blinds and collecting biological data from harvested geese each week.

In the Central Region, volunteers are active in many States including Minnesota, Michigan, Alabama, Florida, Texas, New Mexico, Arizona, California, Washington, and Oregon. Many of the volunteers are married couples who take their duties and responsibilities to the Refuge very seriously.

The Service's senior citizen volunteers are very dedicated workers, and they have made many significant contributions as a result of their efforts. For example, George Sprague personifies commitment by being a full-time volunteer on the Sachuest Point National Wildlife Refuge, Rhode Island. His ability to interact intelligently and enthusiastically with the visitors, collect biological data, contribute to maintenance of the facility/grounds, and his dedication to the Service have earned him the Department of the Interior "Take Pride in America" award.

The Service is fully committed to utilizing the knowledge and scientific expertise of the elderly recruited from all segments of American Society without the restriction of age. After all, of 7,532 employees in the total Service workforce, 50 percent are 40 or over. A breakdown is as follows:

| *Ages* | *Total* |
|---|---|
| 40 to 49 | 2,308 |
| 50 to 59 | 1,214 |
| 60+ | 340 |

Ceremonies have been conducted to honor senior employees for their special achievements. The Service takes pride in enshrinement of Mr. Harvey Willoughby into the "NATIONAL FISH CULTURE HALL OF FAME." Mr. Willoughby, a retired Regional Director, contributed his entire life to bettering the lot of his fellow man through the improvement of our environment by the enhancement of fish and wildlife values.

The Service has ongoing activities in which the elderly are involved. For instance, special programs were held at many refuges across the Nation including an "open house" and a Labor Day Celebration at the Nisqually Wildlife Refuge in Olympia, Washington. At this annual celebration, volunteers are presented with Special Achievement Awards for their involvement in many aspects of refuge operations including: maintenance of trails; cleaning restrooms, visitors centers, and facilities; and providing administrative assistance. The oldest volunteer there is 94 years old.

At the Togiak National Wildlife Refuge, Alaska volunteers continue to census Pacific walrus haulout on the beach. At times, the herd would number 7,000. Another important part of this exciting project involves the documentation of aircraft, boats and hunters which can potentially harass the animals off the beach.

The Fish and Wildlife Service appreciates the opportunity to note the significant accomplishments and the ongoing and growing commitment of older Americans for the betterment of the Service's mission, and the Service's commitment to provide for the participation and full access of senior citizens in service programs.

## ITEM 9. DEPARTMENT OF JUSTICE

DECEMBER 6, 1988.

DEAR MR. CHAIRMAN: This is in response to your letter concerning the report "Developments in Aging" and asking for update material for "Aging America: Trends and Projections."

Enclosed is relevant data and publications from a Bureau of Justice Statistics special report on "Elderly Victims" and the most recent National Crime Survey report, "Criminal Victimization in the United States, 1986," which has been marked to indicate tables that show the age of crime victims and related information.

Please let us know if we can be of additional assistance.

Sincerely,

THOMAS M. BOYD,
*Assistant Attorney General.*

Enclosures.

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## BUREAU OF JUSTICE STATISTICS SPECIAL REPORT

NOVEMBER 1987.—This report, based upon data from the National Crime Survey, examines the problem of crime against the elderly, including those crimes not reported to law enforcement agencies. It confirms earlier findings about the frequency of victimizations of elderly Americans—the elderly are victims of crime less often than are those in other age groups.

Nevertheless, as the report points out, crimes against the elderly are more serious in several respects and probably more frightening than crimes committed against younger people. In addition, we must be aware of the intangible effects of crime upon those who may be most vulnerable physically and economically.

This report can be of use to those who help the elderly to cope with the reality of crime. It provides valuable information to policymakers and researchers on crime and victimization in the United States.

STEVEN R. SCHLESINGER,
*Director.*

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## ELDERLY VICTIMS

(By Catherine J. Whitaker, Ph.D., BJS Statistician)

Data from the National Crime Survey (NCS) show that between 1980 and 1985 the elderly, those age 65 and older, had the lowest victimization rates of any age group of the U.S. population age 12 and older. In a number of respects, however, crimes committed against the elderly are often more serious than crimes against younger people.

Major findings of this report include the following:

—Elderly violent crime victims were more likely than younger victims to face offenders armed with guns (16% vs. 12%).

—Elderly violent crime victims were more likely than younger victims to report that the offenders were total strangers (62% vs. 47%).

—The elderly were more likely than victims under age 65 to be victimized by a violent crime at or near their own homes (45% vs. 22%). Those 75 and older were the most likely of any age group to be victimized in this location (55%).

—About 46 percent of elderly victims of violent crime were attacked, and 29 percent were injured, about the same proportions as victims under 65.

—Among the elderly, violent crime victims age 75 and older were more likely to be injured and to receive medical care for the injuries than victims age 65–74.

—The elderly were less likely than younger victims to attempt to protect themselves during a crime incident (52% vs. 72%).

—Among victims who reported financial losses, the elderly reported large losses ($250 or more) about as often as did younger victims.

—Among the elderly, certain groups were more vulnerable to crime than others: Males, blacks, separated or divorced persons, and urban residents generally had the highest victimization rates.

—Those age 75 and older had similar victimization rates to those age 65–74 for robbery and personal larceny with contact but lower rates for assaults, personal larceny without contact, and household crimes.

### VICTIMIZATION RATES

The elderly were less likely than younger persons to be victims of crime. Teenagers and young adults under age 25 had the highest victimization rates. Older age groups generally had lower rates, and, for most types of crime, the elderly had the lowest rates of all. For example, the robbery rate for persons under age 25 was about 4 times higher than the rate for the elderly (11 vs. 3 robberies per 1,000 persons in each age group). The assault rate for those under 25 was about 17 times higher than the rate for the elderly. Persons age 25–49 had a robbery rate that was more than twice as high and an assault rate that was about 8 times higher than the comparable rates for the elderly.

The exception to this pattern of lower victimization rates for older age groups was personal larceny with contact (nonforcible purse snatching and pocket picking). The rate of this crime for the elderly was not measurably different from the rates for the other age groups.

### *Trends*

The trends in crime rates against the elderly have generally been similar to the trends found for the U.S. population as a whole:

—Violent crime rates against the elderly declined in the 1980's; the 1985 rate was 50% lower than the rate for 1973, the first year of the NCS (see figure 1).

—The rate of personal larceny with contact for the elderly has remained essentially unchanged since 1973. The rate for personal larceny without contact for the elderly peaked in the mid-1970's but has generally declined in recent years. For example, the 1985 rate was 30% lower than the 1976 rate.

—Elderly victimization rates for burglary and household larceny began to decline in the early 1980's. The 1985 rates for these crimes were the lowest since 1973 (see figure 2).

—The rate of motor vehicle theft against the elderly has remained essentially stable since 1973. This finding differs from the trend for motor vehicle theft for the entire population, which has declined in recent years.

## CHARACTERISTICS OF CRIMES AGAINST THE ELDERLY

It is often assumed that crimes against the elderly tend to be more serious and more frequently exhibit frightening characteristics than crimes against younger people. These characteristics including facing an armed offender, a stranger, or an intruder in one's own home; sustaining serious injuries; or incurring substantial financial losses. Crimes against the elderly do, in fact, appear to be more serious than crimes against younger persons in some of these ways, and they are at least as serious in other respects.

### *Types of crime*

About 6 percent of all the victimizations against the elderly were violent crimes, compared with 18 percent of the victimizations against those under 65 (see table 1). A much higher proportion of the violent crimes against the elderly, however, were robberies. About 45 percent of violent crimes against the elderly were robberies, compared with 17 percent of violent crimes against teenagers and young adults and 18 percent of violent crimes against all victims under age 65. Robbery is often considered to be a more serious crime than assault because it includes both theft and force.

Personal larcenies with contact were a higher proportion of personal thefts against the elderly than those against younger persons. Because contact between the victim and the offender occurs during this crime, it potentially can escalate into a robbery. Thus, it is more serious than the other category of personal theft, larceny without contact.

The differences in the proportions of crime types experienced by different age groups may be related in part to differences in lifestyle, labor force participation, and income. Younger people may more often be in situations that place them at risk of assaultive violence, such as fights at school, in bars, or at neighborhood hangouts. Elderly persons are less likely to be in these places and may have lower assault rates as a result.

Also, criminal offenders may believe that the elderly are more likely to have large amounts of cash and are less likely and able to resist than a younger victim. As a result, the elderly may be more vulnerable to crimes such as robbery, purse snatching, or pocket picking, where economic gain is the primary motive.

### *Weapons*

For victims who knew whether the offenders were armed, elderly victims were more likely than younger victims to face offenders armed with guns (16% vs. 12%) (see table 2). However, there were no measurable differences in the overall proportions of victims in these two age groups who faced offenders armed with knives or other weapons.[1]

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[1] Tabulations exclude 7% of violent crime victims under age 65 and 20% of elderly violent crime victims who did not know if the offender had a weapon.

### *Crimes by strangers*

Elderly robbery victims were more likely than robbery victims under age 65 to report that the offenders were persons unknown to them, that is, total strangers (see table 3). About 8 in 10 elderly victims were robbed by total strangers, compared with fewer than 7 in 10 victims under 65. However, the proportion of assaults committed by total strangers was not measurable different for victims in those two age groups.

### *Crimes occurring at home*

Elderly violent crime victims were twice as likely to be victimized at or near their own homes than younger victims (45% vs 22%) (see table 4). This may be due in part to differences in lifestyle between the elderly and younger persons, who are more likely to spend larger portions of time at work, at school, or in other locations away from home and consequently have a higher likelihood of experiencing crimes in these locations.

### *Injury and medical care*

Crimes against the elderly were similar to crimes against younger victims with respect to injury and medical care. There were no measurable differences between these age groups in the proportions who were physically attacked or injured, sustained serious or minor injuries, or received medical care or hospital treatment for their injuries (see table 5).

### *Self-protection*

Elderly violent crime victims were less likely to take self-protective measures than were younger victims (52% vs. 72%). A number of factors may influence a victim's decision whether to take self-protective measures, including the victim's physical strength, ability to fend off or evade a potential offender, and preception that protective actions will prevent injury or loss. In addition, crime victims may be reluctant to try to defend themselves when offenders are armed with a potentially dangerous weapon such as a gun or knife. The lower proportion of elderly violent crime victims who took self-protective measures is consistent with the greater likelihood that they will face offenders armed with guns.

Among violent crime victims who took self-protective measures, the elderly were less likely than younger victims to use or try to use physical force against the offenders (see table 6). They were more likely than younger victims to try to get help or to argue or reason with the offender, and they were about as likely to resist without force or to take evasive action.

### *Financial loss*

Although there is a common perception that elderly crime victims sustain larger financial losses than younger victims, losses were similar and in some respects less severe for the elderly. Elderly crime victims were generally no more likely than victims under age 65 to sustain large net economic losses of $250 or more (see table 7). In fact, the economic consequences of burglary and household larceny may be more severe for younger victims. Elderly victims of these crimes were less likely than younger victims to report net losses of $250 or more.

The financial impact of economic losses will be greater for victims in low-income households. For example, a $250 net economic loss represents about 40 percent of the monthly income of a family earning $7,500 a year but 12 percent of the monthly income of a family earning $25,000 annually. Low-income elderly victims, however, do not suffer disproportionately from high economic losses (see table 8). The elderly with low incomes were as likely as younger low-income victims to sustain large net economic losses when victimized by a violent crime or a personal theft; they were less likely to incur large net losses when victimized by a household crime.

Certain aspects of the real cost of crime, however, are not measured by the NCS. For example, estimates of economic loss do not include increases in insurance premiums that may result from crime or the costs of security measures the victims may purchase in response to crime. It is not known if the elderly are more or less likely than younger victims to incur these types of costs. In addition, the actual impact of economic loss may vary among households that have similar incomes but different financial obligations.

### *Police reporting*

Elderly persons were more likely than younger persons to report robberies and personal crimes of theft to the police (see table 9). There were no measurable differences in reporting rates for other crimes.

Past studies have shown that as the seriousness of crime increases, people are more likely to report to the police. The elderly's higher rates of police reporting are consistent with this finding. Certain aspects of crimes that are often viewed as serious, namely the higher proportions of violent crimes committed by strangers and by offenders armed with guns, are more prevalent among the elderly than among younger age groups.

## CHARACTERISTICS OF ELDERLY VICTIMS

Although the elderly have low victimization rates compared to those of other age groups, within the elderly population itself some groups were more likely than others to be victims of crime.

Elderly males generally had higher victimization rates than elderly females. For violent crime as a whole and for robbery, elderly males had victimization rates that were almost twice those for females. For personal larceny with contact, however, females had higher rates than males (see table 10). Offenders may view elderly women as easier targets of this type of personal theft than elderly men. There were no measurable differences in the burglary rates for households headed by elderly males and those headed by elderly females.

Elderly blacks had higher victimization rates than elderly whites, except for the crimes of simple assault and personal larceny without contact where the rates for the two groups were not measurably different. For violent crime the black victimization rate was twice the rate for whites; for household crime the rate for blacks was about 1½ times higher than for whites.

Elderly persons who were separated or divorced had the highest victimization rates. Their violent victimization rates were several times higher than the rates for married and widowed elderly persons, who had the lowest rates for nearly all categories of crime. The victimization rates for never-married elderly persons were generally similar to the rates for the widowed elderly.

Elderly residents in urban areas had higher victimization rates than the elderly in suburban or nonmetropolitan areas (see table 11). Nonmetropolitan area elderly residents generally had lower victimization rates than suburban elderly; however, the rates of burglary and household larceny for these two groups were not measurably different.

Elderly renters had higher victimization rates than homeowners for personal crimes. Elderly homeowners, on the other hand, had higher burglary and household larceny victimization rates than renters. The two groups had similar rates of motor vehicle theft.

Elderly persons with lower family incomes (less than $7,500 annually) had higher robbery victimization rates than the elderly with higher incomes (see table 12). However, for personal larceny without contact, household larceny, and motor vehicle theft, low-income elderly had the lowest victimization rates. There was no clear relationship between family income and rates of victimization for personal larceny with contact and burglary.

The pattern of victimization rates among the elderly was generally consistent with differences in rates among the population as a whole. There were, however, two exceptions to this: the elderly who had never married and elderly homeowners.

Elderly never-married persons were generally less likely to be crime victims than elderly divorced or separated persons. For all age groups, however, never-married persons had the highest rates of personal theft, and they had violent victimization rates similar to the divorced or separated.

Elderly homeowners had higher burglary and household larceny rates than renters; for the entire population, the reverse was true.

## VICTIMIZATION RATES FOR THOSE AGE 75 AND OLDER

Patterns of victimization for those 75 and older varied from those for victims age 65–74 in several ways. Those 75 and older were less likely than the elderly under 75 years of age to be victims of assault, motor vehicle theft, personal larceny without contact, and household larceny (see table 13). Rates of some of the more serious categories of crime, however, were relatively constant after age 65. Rates for robbery and for personal larceny with contact for these two groups did not differ. The difference in burglary rates, although statistically significant, was not large.

Crimes against those 75 and older were more likely than those against victims age 65–74 to contain some of the serious or frightening characteristics noted earlier.

Elderly victims 75 and older were more likely than those 65–74 years old to be physically attacked during a violent crime (52% vs. 42%) (see table 14). As a consequence of this, they were more likely than those under 75 to be injured (35% vs. 26%). Violent crime victims 75 and older were also more likely to receive medical care for their injuries (20% vs. 11%). A higher proportion of these victims received medical treatment at a hospital than elderly victims under 75, but this difference was not statistically significant.[2]

Victims of violent crimes who were 75 and older were more likely to experience these incidents at home than were those under 75 (table 15). The proportion of this group of elderly victims who were robbed at home was twice as high as the proportion of the elderly under age 75 robbed at home (30% vs. 15%).

Among the elderly population, those demographic groups that were more likely to be victims of crime had higher victimization rates regardless of age. For example, males 75 and older had higher violent crime rates than females in this age group, as was true for elderly persons under 75 (table 16).

For violent crimes and personal larceny with contact, elderly members of the same group had similar victimization rates regardless of age. For example, males under 75 were as likely as males 75 and older to be violent crime victims.

There were, however, some exceptions to this pattern. Renters, persons whose annual family income was less than $7,500, and divorced, widowed, or separated persons who were 75 and older had measurably lower violent crime rates than members of these groups who were age 65–74.

For household crimes and personal larceny without contact, those 75 and older generally had lower victimization rates than did those 65–74 for each of the demographic groups examined. Some exceptions, however, were found for burglary (table 17). Elderly heads of household had similar rates of burglary regardless of age for the following groups: males, homeowners, nonmetropolitan area residents, those with family incomes of less than $25,000, and married, widowed, divorced, or separated persons.

## METHODOLOGY

The tables in this report include NCS data from the years 1980-85 or from 1973-85 when additional sample cases were needed for detailed tabulations. The NCS obtains information about crimes, including incidents not reported to the police, reported to interviewers by persons age 12 and older in a representative sample of households. The NCS measures attempted and completed incidents of rape, robbery, and assault; personal thefts with and without contact; and the household crimes of burglary, household larceny, and motor vehicle theft. The survey does not include murder and kidnaping or incidents that the victim may not recognize as crimes, as such as fraud or con crimes.

The estimates in this report are higher than those in annual NCS publications because series crimes are included. Series crimes are three or more similar incidents which the victim cannot describe as separate incidents in detail. In this report these crimes are counted as one victimization, and the incident characteristics are those of the most recent event in the series.

Assaults that occured during commercial crimes are classified in tis report according to the procedures in effect prior to 1985. Completed assaults during commercial robberies are classified as robberies, and attempted assaults during commercial thefts are not classified as NCS crimes.

### *Economic loss*

The NCS measures several different types of economic loss sustained by victims/households: property or cash stolen, property demaged, medical expenses due to injuries, and wages lost from work because of injuries, repairing or replacing damaged or stolen property, contacts with police, or court appearances. Victims are asked to provide the value of any property recovered and of insurance payments received and to indicate if damaged property will be repaired or replaced by someone outside of the household (such as a landlord). The dollar values are the victims' estimates at the time of the interview and do not include any losses, recoveries, or insurance payments that took place after the interview.

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[2] When the proportion of injuries is computed as a percentage of those who were attacked, a higher proportion of those age 75 and older than of those age 65–74 were injured (67% vs. 61%). As a proportion of those injured, a higher proportion of those 75 and older received medical care. However, since these percentages are based on a small number of sample cases, standard errors are too large to report these findings as statistically significant.

The data on net economic loss were obtained by summing the value of items stolen or damaged, medical expenses, and lost wages and substracting the value of items recovered and insurance payments. If individuals outside the household paid in whole or in part the cost of repairing or replacing damaged property, an allocated proportion of the value of damaged property was subtracted. Where appropriate, net economic loss data were adjusted to 1980 constant dollars using the Consumer Price Index.

### *Reliability of comparisons*

All comparisons presented in this report are signficant at the 90% confidence level or above. Most comparisons are significant at the 95% confidence level, meaning that the estimated difference between values being compared was greater than twice the standard error of this difference.

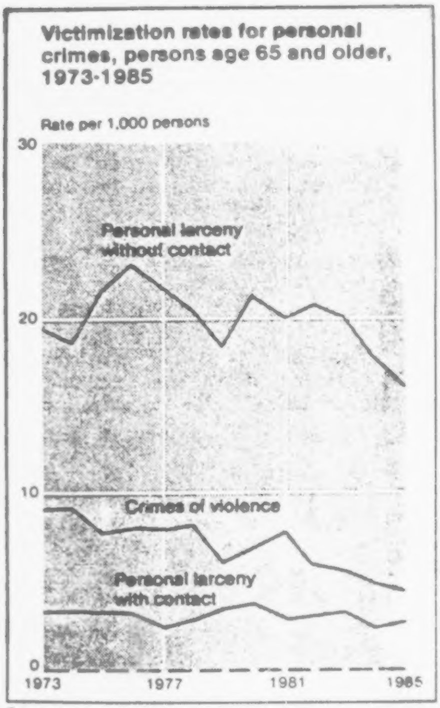
Even though data in this report were collected over several years, some estimates, particularly for the elderly age 75 and older and for certain demographic groups of elderly victims, are based on a relatively small number of sample cases; these estimates will have comparatively large standard errors as a result. Caution should be used when comparing estimates not discussed in the text, since seemingly large differences may not be statistically significant at the 95 percent or even the 90 percent confidence level.

The data tables note when estimates are based on 10 or fewer sample cases. It is not possible to compute standard errors accurately for such estimates. Therefore, it is inadvisable to compare estimates based upon 10 or fewer sample cases to other small estimates.

More information on NCS estimation procedures can be obtained from Appendix III of *Criminal Victimization in the United States, 1985* (May 1987, NCJ-104273).

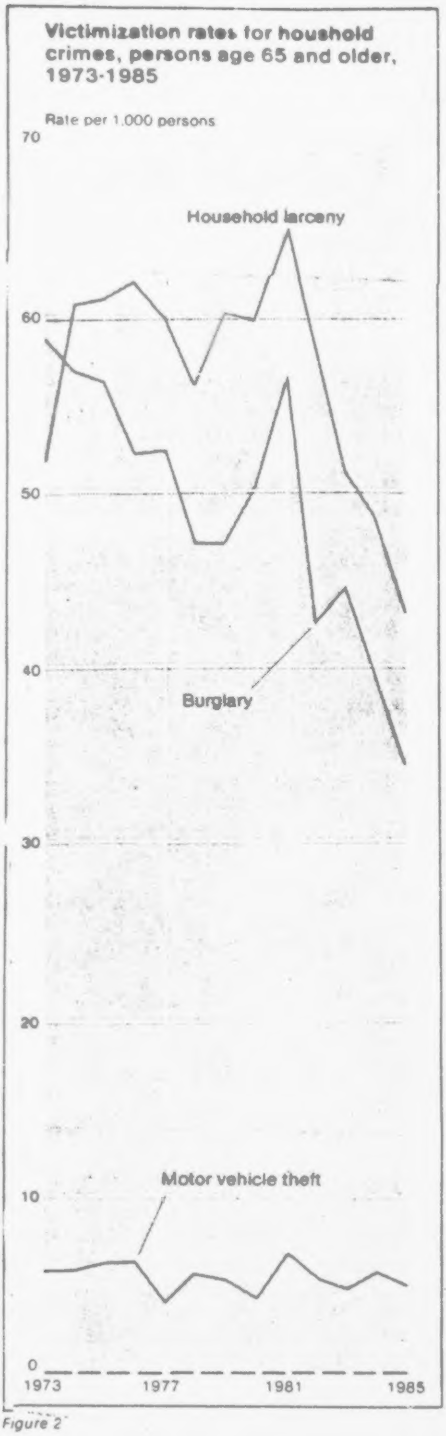
NOTE: Bureau of Justice Statistics Special Reports are written principally by BJS staff. This report was written by Catherine J. Whitaker. Richard W. Dodge provided statistical review, and Gertrude Thomas provided statistical assistance. The report was edited by Frank D. Balog. Report production was administered by Marilyn Marbrook, publications unit chief, assisted by Tina Dorsey, Jeanne Harris, Sara E. Smith, and Arlene F. James.

The Assistant Attorney General, Office of Justice Programs, coordinates the activities of the following program offices and bureaus: the Bureau of Justice Statistics, National Institute of Justice, Bureau of Justice Assistance, Office of Juvenille Justice and Delinquency Prevention, and the Office of Victims of Crime.



Victimization rates for personal crimes, persons age 65 and older, 1973-1985

*Figure 1*



Victimization rates for household crimes, persons age 65 and older, 1973-1985

*Figure 2*

**Table 1. Average annual victimization rates and number of victimizations, by age of victim and type of crime, 1980-85**

| | Age of victim | | | |
|---|---|---|---|---|
| | 12-24 | 25-49 | 50-64 | 65 and older |
| **Victimization rate** | | | | |
| Crimes of violence | 67.5 | 34.0 | 11.3 | 6.0 |
| Rape | 2.0 | .8 | .1[a] | .1[a] |
| Robbery | 11.4 | 6.0 | 3.4 | 2.7 |
| Assault | 54.2 | 27.1 | 7.8 | 3.2 |
| Aggravated | 18.4 | 9.1 | 2.7 | 1.0 |
| Simple | 35.8 | 18.0 | 5.1 | 2.3 |
| Crimes of theft | 126.5 | 82.4 | 46.1 | 22.3 |
| Personal larceny with contact | 3.5 | 2.8 | 2.8 | 3.1 |
| Personal larceny without contact | 123.0 | 79.6 | 43.4 | 19.2 |
| Household crimes | 371.4 | 242.6 | 164.4 | 102.7 |
| Burglary | 144.3 | 86.9 | 59.4 | 44.0 |
| Household larceny | 196.8 | 136.5 | 92.3 | 53.7 |
| Motor vehicle theft | 30.3 | 19.3 | 12.7 | 5.1 |
| **Number of victimizations** | | | | |
| Crimes of violence | 3,429,700 | 2,703,500 | 375,300 | 154,200 |
| Rape | 99,000 | 65,600 | 4,600[a] | 1,900[a] |
| Robbery | 579,300 | 480,300 | 113,800 | 69,000 |
| Assault | 2,751,400 | 2,157,500 | 256,900 | 83,400 |
| Aggravated | 934,100 | 727,200 | 89,300 | 24,600 |
| Simple | 1,817,300 | 1,430,400 | 167,600 | 58,800 |
| Crimes of theft | 6,423,800 | 6,553,900 | 1,527,200 | 576,400 |
| Personal larceny with contact | 176,700 | 225,500 | 92,500 | 79,600 |
| Personal larceny without contact | 6,247,100 | 6,328,400 | 1,434,700 | 496,900 |
| Household crimes | 2,708,700 | 10,195,400 | 3,151,300 | 1,809,500 |
| Burglary | 1,052,300 | 3,651,300 | 1,138,300 | 775,100 |
| Household larceny | 1,435,600 | 5,733,900 | 1,768,800 | 945,300 |
| Motor vehicle theft | 220,700 | 810,200 | 244,200 | 89,100 |
| Number of persons in age group[b] | 50,792,400 | 79,549,900 | 33,091,500 | 25,811,700 |
| Number of households in age group[b] | 7,293,100 | 42,018,500 | 19,172,300 | 17,614,400 |

Note: The victimization rate is the annual average of the number of victimizations for 1980-85 per 1,000 persons or households in that age group. Detail may not add to total because of rounding.

[a] Average annual estimate is based on 10 or fewer sample cases; see Methodology.

[b] Annual average for 1980-85.

**Table 2. Violent crimes: Presence of weapons, by age of victim, 1973-85**

| Presence of weapon | Percent of victims<br>Under 65 | <br>65 and older |
|---|---|---|
| Total | 100% | 100% |
| Unarmed offenders | 61% | 57% |
| Armed offenders | 39% | 43% |
| Gun only | 12 | 16 |
| Knife only | 10 | 9 |
| Other weapon only | 13 | 12 |
| Combination of weapons | 2 | 2 |
| Type of weapon not ascertained | 2 | 3 |

Note: Detail may not add to total because of rounding. Tabulations exclude crimes where the victims did not know if the offenders were armed.

**Table 3. Relationship of offenders to victim in crimes of violence, by age of victim and type of crime, 1973-85**

| Type of crime and age of victim | Percent of victimizations involving offenders who were:<br>Total | <br>Relatives | <br>Well known, not relatives | <br>Casual acquaintances | <br>Known by sight only | <br>Not known at all | <br>Relationship not ascertained[a] |
|---|---|---|---|---|---|---|---|
| Crimes of violence[b] | | | | | | | |
| Under 65 | 100% | 7% | 17% | 15% | 10% | 47% | 4% |
| 65 and older | 100 | 5 | 11 | 6 | 6 | 62 | 9 |
| Robbery | | | | | | | |
| Under 65 | 100 | 4 | 10 | 8 | 6 | 58 | 4 |
| 65 and older | 100 | 1[c] | 4 | 2 | 2 | 82 | 9 |
| Assault | | | | | | | |
| Under 65 | 100 | 8 | 19 | 16 | 11 | 42 | 4 |
| 65 and older | 100 | 9 | 17 | 10 | 10 | 46 | 8 |

Note: Percentages may not total to 100% because of rounding. The closest relationship to any offender was used to classify multiple-offender victimizations.

[a] Includes responses of "don't know."

[b] Includes data on rape, not shown as a separate category.

[c] Estimate is based on 10 or fewer sample cases; see Methodology.

Table 4. Place of occurrence of personal crimes, by age of victim and type of crime, 1973-85

| Type of crime and age of victim | Percent of victimizations taking place: | | | | | |
|---|---|---|---|---|---|---|
| | Total | At home | Near home | On the street | In a commercial building or restaurant, on public transportation | Elsewhere |
| Crimes of violence* | | | | | | |
| Under 65 | 100% | 12% | 10% | 43% | 16% | 19% |
| 65 and older | 100 | 22 | 23 | 37 | 10 | 8 |
| Robbery | | | | | | |
| Under 65 | 100 | 11 | 8 | 55 | 13 | 12 |
| 65 and older | 100 | 21 | 18 | 45 | 11 | 5 |
| Assault | | | | | | |
| Under 65 | 100 | 12 | 11 | 40 | 16 | 21 |
| 65 and older | 100 | 22 | 27 | 32 | 9 | 11 |

Note: Percentages may not total to 100% because of rounding.

*Includes data on rape, not shown as a separate category.

Table 5. Attacks, injuries, medical treatment, and hospital care received by violent crime victims, by age of victim, 1973-85

| Crime characteristics | Percent of victims | |
|---|---|---|
| | Under 65 | 65 and older |
| Victim was: | | |
| Attacked | 47% | 46% |
| Injured | 30% | 29% |
| Serious | 6 | 7 |
| Minor | 24 | 22 |
| Received any medical care | 13% | 14% |
| Hospital care | 7 | 8 |

Note: Serious injuries are: broken bones, loss of teeth, internal injuries, loss of consciousness, rape or attempted rape injuries, or undetermined injuries requiring 2 or more days of hospitalization. Minor injuries are: bruises, black eyes, cuts, scratches, swelling, or undetermined injuries requiring less than 2 days of hospitalization.

Table 6. Self-protective measures used in violent crimes, by age of victim, 1973-85

| Self-protective measures ranked by seriousness* | Percent of victims | |
|---|---|---|
| | Under 65 | 65 and older |
| Total | 100% | 100% |
| Used or brandished a weapon | 4 | 4 |
| Used or tried to use physical force | 33 | 17 |
| Tried to get help or scare offender away, argued or reasoned with offender | 30 | 48 |
| Resisted without force, including evasion | 27 | 23 |
| Other/not ascertained | 6 | 9 |

Note: Percentages may not total to 100% because of rounding.

*Victims who reported more than one self-protective measure are tallied once in the most serious category of measure used.

Table 7. Adjusted net economic loss, by age of victim and type of crime, 1980-85

| Type of crime and age of victim | Percent of victims with a net economic loss of: | | | | |
|---|---|---|---|---|---|
| | Total | Less than $10 | $10-49 | $50-249 | $250 or more |
| Crimes of violence | | | | | |
| Under 65 | 100% | 12% | 26% | 36% | 26% |
| 65 and older | 100 | 9 | 24 | 40 | 27 |
| Crimes of theft | | | | | |
| Under 65 | 100 | 17 | 36 | 34 | 14 |
| 65 and older | 100 | 15 | 37 | 36 | 12 |
| Household crimes | | | | | |
| Burglary | | | | | |
| Under 65 | 100 | 8 | 21 | 33 | 39 |
| 65 and older | 100 | 13 | 27 | 30 | 30 |
| Household larceny | | | | | |
| Under 65 | 100 | 16 | 36 | 35 | 13 |
| 65 and older | 100 | 24 | 40 | 26 | 10 |
| Motor vehicle theft | | | | | |
| Under 65 | 100 | 2 | 10 | 25 | 64 |
| 65 and older | 100 | 3 | 13 | 23 | 61 |

Note: Percentages may not total to 100% because of rounding. Age of head of household is used for household crimes; age of victim is used for crimes of violence and theft. Data exclude crimes where there was no net economic loss or the net loss was not known or ascertained. Data were adjusted to 1980 constant dollars using the Consumer Price Index. For definition of economic loss, see Methodology.

**Table 8. Victims with net economic losses of $250 or more, by age of victim, family income, and type of crime, 1980-85**

| Family income and age of victim | Percent of victimizations with a net loss of $250 or more: Personal crimes | Percent of victimizations with a net loss of $250 or more: Household crimes |
|---|---|---|
| Less than $7,500 | | |
| Under 65 | 12% | 20% |
| 65 and older | 11 | 15 |
| $7,500-14,999 | | |
| Under 65 | 13 | 21 |
| 65 and older | 11 | 18 |
| $15,000-24,999 | | |
| Under 65 | 13 | 22 |
| 65 and older | 10 | 19 |
| $25,000 or more | | |
| Under 65 | 13 | 24 |
| 65 and older | 18 | 25 |

Note: Income is that of all family members during the 12 months prior to the interview. Characteristics of the victim are used for personal crimes; characteristics of the head of household are used for household crimes. Percentages are based on crimes where there was a net economic loss of $1 or more.

**Table 9. Police reporting rates, by age of victim and type of crime, 1973-85**

| Type of crime and age of victim | Percent of victimizations: Reported to police | Percent of victimizations: Not reported to police |
|---|---|---|
| Crimes of violence* | | |
| Under 65 | 46% | 52% |
| 65 and older | 56 | 43 |
| Robbery | | |
| Under 65 | 53 | 46 |
| 65 and older | 69 | 31 |
| Aggravated assault | | |
| Under 65 | 54 | 44 |
| 65 and older | 55 | 43 |
| Simple assault | | |
| Under 65 | 39 | 59 |
| 65 and older | 42 | 57 |
| Crimes of theft | | |
| Personal larceny with contact | | |
| Under 65 | 34 | 65 |
| 65 and older | 42 | 57 |
| Personal larceny without contact | | |
| Under 65 | 25 | 74 |
| 65 and older | 30 | 69 |
| Household crimes | | |
| Burglary | | |
| Under 65 | 49 | 51 |
| 65 and older | 47 | 52 |
| Household larceny | | |
| Under 65 | 26 | 74 |
| 65 and older | 25 | 74 |
| Motor vehicle theft | | |
| Under 65 | 69 | 31 |
| 65 and older | 68 | 31 |

Note: Percentages may not total to 100% because of rounding and exclusion from the table of cases where police reporting was not known or ascertained.

*Includes data on rape not shown as a separate category.

**Table 10. Victimization rates of persons age 65 and older, by sex, race, and marital status of victim and by type of crime, 1973-85**

| | Victimization rates by victim characteristics | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Sex | | Race | | Marital status | | | | |
| Type of crime | Male | Female | White | Black | Married | Widowed | Never married | Divorced | Separated |
| Crimes of violence[a] | 9.3 | 5.5 | 6.4 | 12.8 | 5.5 | 7.0 | 9.4 | 20.1 | 31.6 |
| Robbery | 4.1 | 2.5 | 2.7 | 7.3 | 2.1 | 3.5 | 5.7 | 9.4 | 14.8 |
| Aggravated assault | 1.7 | .9 | 1.1 | 2.3 | 1.1 | 1.2 | 1.4 | 2.4 | 5.1 |
| Simple assault | 3.4 | 1.9 | 2.5 | 2.9 | 2.3 | 2.3 | 2.2 | 7.7 | 11.7 |
| Crimes of theft | 27.4 | 19.9 | 22.7 | 25.3 | 22.3 | 20.9 | 28.5 | 42.2 | 44.0 |
| Personal larceny with contact | 2.4 | 3.6 | 2.7 | 6.8 | 2.0 | 3.8 | 6.7 | 6.0 | 10.5 |
| Personal larceny without contact | 25.0 | 16.3 | 20.0 | 18.6 | 20.3 | 17.2 | 21.8 | 36.1 | 33.5 |
| Household crimes | 117.0 | 100.3 | 105.2 | 151.5 | 111.8 | 104.8 | 85.5 | 163.3 | 136.2 |
| Burglary | 48.4 | 48.0 | 46.0 | 70.7 | 43.6 | 50.4 | 45.4 | 75.1 | 76.1 |
| Household larceny | 62.0 | 48.7 | 54.3 | 73.0 | 61.6 | 50.4 | 36.6 | 80.4 | 58.1 |
| Motor vehicle theft | 6.6 | 3.6 | 5.0 | 7.7 | 6.6 | 4.0 | 3.5 | 7.7 | 2.0[b] |

Note: Detail may not add to total because of rounding. Characteristics of victim are used for crimes of violence and theft; characteristics of head of household are used for household crimes. Victimization rates are average annual rates per 1,000 persons (households).

[a] Includes data on rape, not shown as a separate category.

[b] Estimate is based on 10 or fewer sample cases; see Methodology.

**Table 11. Victimization rates of persons age 65 and over, by location of residence, home ownership, and type of crime, 1980-85**

| Type of crime and age of victim | Location of residence | | | Home ownership | |
|---|---|---|---|---|---|
| | Metropolitan area | | Non-metropolitan area | | |
| | Central city | Suburban area | | Own | Rent |
| Crimes of violence* | 11.3 | 4.8 | 2.8 | 4.5 | 11.0 |
| Robbery | 6.2 | 1.7 | .8 | 1.7 | 6.0 |
| Aggravated assault | 1.5 | .8 | .6 | .8 | 1.5 |
| Simple assault | 3.5 | 2.2 | 1.3 | 2.0 | 3.4 |
| Crimes of theft | 31.9 | 22.1 | 14.8 | 19.2 | 33.[illegible] |
| Personal larceny with contact | 7.7 | 1.9 | .6 | 1.9 | 7.2 |
| Personal larceny without contact | 24.3 | 20.3 | 14.2 | 17.3 | 26.0 |
| Household crimes | 132.0 | 91.3 | 89.4 | 106.8 | 91.0 |
| Burglary | 60.9 | 34.9 | 38.6 | 45.5 | 39.7 |
| Household larceny | 62.2 | 51.3 | 48.9 | 56.6 | 45.2 |
| Motor vehicle theft | 8.9 | 5.1 | 1.9 | 4.7 | 6.0 |

Note: Characteristics of victim are used for crimes of violence and theft; characteristics of head of household are used for household crimes. Victimization rates are average annual victimization rates per 1,000 persons (households).

*Includes data on rape, not shown as a separate category.

**Table 12. Victimization rates of persons age 65 and older, by family income and type of crime, 1980-85**

| Type of crime and age of victim | Victimization rates by family income | | | |
|---|---|---|---|---|
| | Less than $7,500 | $7,500-14,999 | $15,000-24,999 | $25,000 or more |
| Crimes of violence* | 7.5 | 5.3 | 5.4 | 4.1 |
| Robbery | 3.8 | 2.2 | 1.8 | 1.7 |
| Aggravated assault | 1.0 | 1.1 | .8 | .5 |
| Simple assault | 2.5 | 1.9 | 2.8 | 1.8 |
| Crimes of theft | 19.6 | 21.7 | 24.7 | 33.2 |
| Personal larceny with contact | 4.1 | 3.0 | 2.1 | 2.1 |
| Personal larceny without contact | 15.5 | 18.7 | 22.6 | 31.1 |
| Household crimes | 103.1 | 103.5 | 112.2 | 120.7 |
| Burglary | 49.3 | 40.6 | 40.3 | 48.4 |
| Household larceny | 50.6 | 57.8 | 64.3 | 63.4 |
| Motor vehicle theft | 3.2 | 5.1 | 7.7 | 8.9 |

Note: Characteristics of victim are used for crimes of violence and theft; characteristics of head of household are used for household crimes. Victimization rates are average annual rates per 1,000 persons (households).

*Includes data on rape, not shown as a separate category.

**Table 13. Average annual victimization rates and number of victimizations, by age of elderly victim and type of crime, 1973-85**

| Type of crime | Age of victim: 65-74 | Age of victim: 75 and older |
|---|---|---|
| **Victimization rate** | | |
| Crimes of violence | 7.6 | 6.1 |
| Rape | .1[a] | .1[a] |
| Robbery | 3.1 | 3.4 |
| Assault | 4.4 | 2.6 |
| Aggravated | 1.4 | .8[a] |
| Simple | 3.0 | 1.8[a] |
| Crimes of theft | 27.2 | 15.8 |
| Personal larceny with contact | 3.1 | 3.1 |
| Personal larceny without contact | 24.1 | 12.7 |
| Household crimes | 116.8 | 98.4 |
| Burglary | 49.4 | 46.4 |
| Household larceny | 61.2 | 48.3 |
| Motor vehicle theft | 6.2 | 3.8 |
| **Number of victimizations** | | |
| Crimes of violence | 112,900 | 53,500 |
| Rape | 800[a] | 1,200[a] |
| Robbery | 45,700 | 29,400 |
| Assault | 66,400 | 23,000 |
| Aggravated | 21,500 | 7,200[a] |
| Simple | 44,900 | 15,800[a] |
| Crimes of theft | 406,200 | 138,400 |
| Personal larceny with contact | 46,800 | 26,800 |
| Personal larceny without contact | 359,400 | 111,600 |
| Household crimes | 1,147,900 | 614,800 |
| Burglary | 485,300 | 289,700 |
| Household larceny | 601,300 | 301,500 |
| Motor vehicle theft | 61,200 | 23,700 |
| Number of persons in age group[b] | 14,936,500 | 8,758,100 |
| Number of households in age group[b] | 9,827,100 | 6,247,100 |

Note: The victimization rate is the annual average of the number of victimizations for 1973-85 per 1,000 persons or households in that age group. Detail may not add to total because of rounding.

[a] Average annual estimate is based on 10 or fewer sample cases; see Methodology.

[b] Annual average for 1973-85.

**Table 14. Attacks, injuries, medical treatment, and hospital care received by elderly violent crime victims, 1973-85**

| Crime characteristics | Percent of victims: 65-74 | Percent of victims: 75 and older |
|---|---|---|
| Victim was: | | |
| Attacked | 42% | 52% |
| Injured | 26% | 35% |
| Serious | 6 | 8 |
| Minor | 20 | 27 |
| Received any medical care | 11% | 20% |
| Hospital care | 7 | 10 |

Note: Serious injuries are: broken bones, loss of teeth, internal injuries, loss of consciousness, rape or attempted rape injuries, or undetermined injuries requiring 2 or more days of hospitalization. Minor injuries are: bruises, black eyes, cuts, scratches, swelling, or undetermined injuries requiring less than 2 days of hospitalization.

**Table 15. Place of occurrence of violent crimes, by age of victim and type of crime, 1973-85**

| Type of crime and age of victim | Percent of victimizations taking place: | | | | | |
|---|---|---|---|---|---|---|
| | Total | At home | Near home | On the street | In a commercial building or restaurant, on public transportation | Elsewhere |
| Crimes of violence* | | | | | | |
| 65-74 | 100% | 18% | 22% | 40% | 11% | 9% |
| 75 and older | 100 | 30 | 25 | 32 | 7 | 6 |
| Robbery | | | | | | |
| 65-74 | 100 | 15 | 17 | 48 | 13 | 6 |
| 75 and older | 100 | 30 | 19 | 39 | 8 | 4 |
| Assault | | | | | | |
| 65-74 | 100 | 20 | 25 | 34 | 9 | 11 |
| 75 and older | 100 | 28 | 32 | 25 | 7 | 8 |

Note: Percentages may not total to 100% because of rounding.

*Includes data on rape, not shown as a separate category.

**Table 16. Violent crimes: Victimization rates, by age of victim and selected demographic characteristics**

| Selected characteristics | Age of victim | |
|---|---|---|
| | 65-74 | 75 and older |
| Sex | | |
| Male | 9.7 | 8.4 |
| Female | 5.9 | 4.8 |
| Race | | |
| White | 6.9 | 5.6 |
| Black | 13.5 | 11.5 |
| Marital status | | |
| Married | 5.7 | 5.0 |
| Widowed | 8.2 | 6.0 |
| Never married | 8.4 | 10.9 |
| Divorced | 22.7 | 12.1 |
| Separated | 37.0 | 15.2 |
| Location of residence | | |
| Metropolitan area | | |
| Central city | 12.2 | 10.0 |
| Suburban area | 5.6 | 3.5 |
| Nonmetropolitan area | 2.8 | 2.7 |
| Home ownership | | |
| Own | 4.7 | 4.1 |
| Rent | 13.2 | 8.3 |
| Family income | | |
| Less than $7,500 | 9.0 | 5.7 |
| $7,500-14,999 | 5.5 | 4.7 |
| $15,000-24,999 | 6.0 | 3.8 |
| $25,000 and over | 4.1 | 4.0 |

Note: Victimization rates are average annual rates per 1,000 persons. Rates by location of residence, home ownership, and family income are for 1980-85; rates by sex, race, and marital status of victim are for 1973-85.

**Table 17. Burglary: Victimization rates, by age of victim and selected demographic characteristics**

| Selected characteristics | Age of victim | |
|---|---|---|
| | 65-74 | 75 and older |
| Sex | | |
| Male | 48.6 | 48.0 |
| Female | 50.7 | 44.9 |
| Race | | |
| White | 47.3 | 44.0 |
| Black | 68.7 | 74.5 |
| Marital status | | |
| Married | 44.3 | 41.7 |
| Widowed | 51.8 | 49.0 |
| Never married | 50.2 | 38.0 |
| Divorced | 76.9 | 69.4 |
| Separated | 79.8 | 64.3 |
| Location of residence | | |
| Metropolitan area | | |
| Central city | 64.6 | 55.8 |
| Suburban area | 37.2 | 31.1 |
| Nonmetropolitan area | 37.6 | 40.1 |
| Home ownership | | |
| Own | 45.6 | 45.3 |
| Rent | 44.0 | 34.7 |
| Family income | | |
| Less than $7,500 | 50.7 | 48.0 |
| $7,500-14,999 | 41.7 | 38.5 |
| $15,000-24,999 | 42.3 | 34.9 |
| $25,000 and over | 52.5 | 36.6 |

Note: Victimization rates are average annual rates per 1,000 households. Rates by location of residence, home ownership, and family income are for 1980-85; rates by sex, race, and marital status of head of household are for 1973-85.

NOTE: THE FOLLOWING TABLES WERE TAKEN FROM THE MOST RECENT NATIONAL CRIME SURVEY REPORT, "CRIMINAL VICTIMIZATION IN THE UNITED STATES, 1986"

Table 4. Personal crimes, 1986

### Victimization rates for persons age 12 and over, by type of crime and age of victims

(Rate per 1,000 population in each age group)

| Type of crime | 12-15 (13,670,280) | 16-19 (14,620,380) | 20-24 (19,631,640) | 25-34 (42,412,670) | 35-49 (45,188,190) | 50-64 (32,862,690) | 65 and over (27,774,300) |
|---|---|---|---|---|---|---|---|
| **Crimes of violence** | **52.4** | **60.7** | **58.8** | **34.3** | **20.0** | **8.2** | **4.5** |
| Completed | 23.4 | 22.3 | 21.1 | 12.6 | 6.7 | 2.7 | 2.3 |
| Attempted | 29.0 | 38.4 | 37.7 | 21.8 | 13.4 | 5.5 | 2.2 |
| Rape | 0.8[a] | 2.2 | 1.6 | 1.1 | 0.1[a] | 0.1[a] | 0.0[a] |
| Robbery | 8.9 | 7.8 | 8.3 | 7.4 | 3.7 | 2.6 | 1.7 |
| Completed | 5.7 | 3.9 | 4.8 | 4.7 | 2.2 | 1.8 | 1.3 |
| With injury | 2.0 | 1.0[a] | 1.4 | 1.9 | 0.8 | 0.9 | 0.6 |
| From serious assault | 0.8[a] | 0.1[a] | 1.0 | 1.2 | 0.4 | 0.2[a] | 0.2[a] |
| From minor assault | 1.2 | 0.9[a] | 0.4[a] | 0.7 | 0.4 | 0.8 | 0.4[a] |
| Without injury | 3.6 | 2.9 | 3.4 | 2.8 | 1.3 | 0.9 | 0.7 |
| Attempted | 3.3 | 3.9 | 3.5 | 2.7 | 1.5 | 0.8 | 0.4[a] |
| With injury | 0.7[a] | 1.0[a] | 1.2 | 0.7 | 0.6 | 0.3[a] | 0.1[a] |
| From serious assault | 0.3[a] | 0.2[a] | 0.7[a] | 0.3[a] | 0.3[a] | 0.1[a] | 0.1[a] |
| From minor assault | 0.4[a] | 0.8[a] | 0.6[a] | 0.3[a] | 0.2[a] | 0.2[a] | 0.0[a] |
| Without injury | 2.6 | 3.0 | 2.2 | 2.0 | 0.9 | 0.4[a] | 0.3[a] |
| Assault | 42.7 | 50.6 | 48.9 | 25.9 | 16.2 | 5.5 | 2.8 |
| Aggravated | 12.1 | 19.4 | 18.2 | 9.4 | 5.8 | 1.5 | 0.9 |
| Completed with injury | 6.5 | 7.7 | 6.3 | 3.0 | 1.8 | 0.5[a] | 0.5[a] |
| Attempted with weapon | 5.7 | 11.8 | 11.9 | 6.4 | 4.0 | 1.0 | 0.4[a] |
| Simple assault | 30.6 | 31.2 | 30.7 | 16.5 | 10.4 | 4.1 | 1.9 |
| Completed with injury | 11.2 | 10.1 | 9.5 | 4.4 | 2.6 | 0.5[a] | 0.6 |
| Attempted without weapon | 19.4 | 21.1 | 21.2 | 12.1 | 7.8 | 3.6 | 1.3 |
| **Crimes of theft** | **109.7** | **117.9** | **115.9** | **76.5** | **61.4** | **36.7** | **18.5** |
| Completed | 105.7 | 112.2 | 108.3 | 71.0 | 57.2 | 34.1 | 17.1 |
| Attempted | 3.9 | 5.7 | 7.6 | 5.5 | 4.2 | 2.6 | 1.4 |
| Personal larceny with contact | 3.1 | 2.3 | 5.1 | 2.5 | 2.9 | 1.7 | 2.5 |
| Purse snatching | 0.3[a] | 0.8[a] | 1.2 | 0.8 | 1.1 | 0.7 | 0.7 |
| Pocket picking | 2.8 | 1.5 | 3.9 | 1.7 | 1.8 | 1.1 | 1.8 |
| Personal larceny without contact | 106.6 | 115.6 | 110.8 | 74.0 | 58.5 | 34.9 | 16.0 |
| Completed | 102.7 | 109.9 | 103.5 | 68.6 | 54.6 | 32.5 | 14.8 |
| Less than $50 | 75.7 | 65.2 | 42.4 | 29.0 | 20.8 | 11.1 | 5.8 |
| $50 or more | 22.9 | 40.7 | 56.4 | 36.2 | 30.5 | 18.4 | 7.0 |
| Amount not available | 4.1 | 4.1 | 4.7 | 3.4 | 3.3 | 2.9 | 2.0 |
| Attempted | 3.9 | 5.7 | 7.3 | 5.4 | 3.9 | 2.5 | 1.3 |

NOTE: Detail may not add to total shown because of rounding. Numbers in parentheses refer to population in the group.

[a] Estimate is based on 10 or fewer sample cases.

**Table 5. Personal crimes, 1986**

## Victimization rates for persons age 12 and over, by sex and age of victims and type of crime

(Rate per 1,000 population in each age group)

| Sex and age | Crimes of violence | Completed violent crimes | Attempted violent crimes | Rape | Robbery |  |  | Assault |  |  | Crimes of theft | Com-pleted theft | At-tempted theft | Personal larceny |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  |  |  |  |  | Total | With injury | Without injury | Total | Aggra-vated | Simple |  |  |  | With contact | Without contact |
| **Male** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12-15 (6,994,180) | 65.7 | 28.5 | 37.2 | 0.3[a] | 12.8 | 3.9 | 8.9 | 52.6 | 16.1 | 36.5 | 117.2 | 112.0 | 5.2 | 5.2 | 112.0 |
| 16-19 (7,338,160) | 81.2 | 29.9 | 51.3 | 0.3[a] | 10.2 | 2.2[a] | 8.0 | 70.7 | 29.6 | 41.1 | 128.1 | 122.0 | 6.1 | 2.7 | 125.4 |
| 20-24 (9,615,720) | 73.3 | 23.6 | 49.7 | 0.0[a] | 10.4 | 4.1 | 6.3 | 62.9 | 27.9 | 35.0 | 124.6 | 116.7 | 7.8 | 4.5 | 120.1 |
| 25-34 (21,007,610) | 40.7 | 13.7 | 27.0 | 0.1[a] | 8.5 | 2.7 | 5.8 | 32.1 | 13.7 | 18.4 | 80.1 | 74.5 | 5.6 | 2.2 | 77.9 |
| 35-49 (22,117,580) | 22.9 | 6.5 | 16.4 | 0.0[a] | 4.5 | 1.5 | 3.0 | 18.4 | 7.4 | 10.9 | 59.3 | 55.4 | 3.9 | 1.8 | 57.5 |
| 50-64 (15,565,790) | 9.0 | 2.9 | 6.1 | 0.1[a] | 2.7 | 1.2 | 1.5 | 6.2 | 1.8 | 4.3 | 37.8 | 35.2 | 2.6 | 1.5 | 36.3 |
| 65 and over (11,467,100) | 5.9 | 3.3 | 2.6 | 0.0[a] | 2.2 | 1.0[a] | 1.2[a] | 3.8 | 1.4 | 2.3 | 22.1 | 20.0 | 2.1 | 2.2 | 19.9 |
| **Female** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12-15 (6,676,090) | 38.5 | 18.1 | 20.4 | 1.2[a] | 4.9 | 1.4[a] | 3.5 | 32.4 | 8.0 | 24.4 | 101.8 | 99.2 | 2.6 | 0.9[a] | 100.9 |
| 16-19 (7,282,220) | 40.0 | 14.6 | 25.4 | 4.2 | 5.4 | 1.8[a] | 3.6 | 30.4 | 9.2 | 21.2 | 107.6 | 102.4 | 5.2 | 1.9[a] | 105.7 |
| 20-24 (10,015,920) | 44.9 | 18.7 | 26.2 | 3.2 | 6.3 | 1.3[a] | 5.0 | 35.5 | 8.9 | 26.5 | 107.6 | 100.1 | 7.4 | 5.7 | 101.9 |
| 25-34 (21,405,070) | 28.1 | 11.5 | 16.6 | 2.0 | 6.3 | 2.4 | 3.9 | 19.8 | 5.2 | 14.6 | 73.0 | 67.6 | 5.4 | 2.8 | 70.2 |
| 35-49 (23,070,610) | 17.3 | 6.8 | 10.4 | 0.3[a] | 2.8 | 1.3 | 1.5 | 14.2 | 4.3 | 9.9 | 63.4 | 58.9 | 4.5 | 3.9 | 59.4 |
| 50-64 (17,296,900) | 7.5 | 2.6 | 4.9 | 0.1[a] | 2.4 | 1.3 | 1.1 | 5.0 | 1.2 | 3.8 | 35.7 | 33.0 | 2.6 | 1.9 | 33.7 |
| 65 and over (16,307,200) | 3.5 | 1.6 | 1.9 | 0.0[a] | 1.3 | 0.4[a] | 0.9[a] | 2.2 | 0.5[a] | 1.7 | 16.0 | 15.0 | 1.0[a] | 2.7 | 13.3 |

NOTE: Detail may not add to total shown because of rounding. Numbers in parentheses refer to population in the group.

[a] Estimate is based on about 10 or fewer sample cases.

**Table 9. Personal crimes, 1986**

## Victimization rates for persons age 12 and over, by race and age of victims and type of crime

(Rate per 1,000 population in each age group)

| Race and age | Crimes of violence | Completed violent crimes | Attempted violent crimes | Rape | Robbery |  |  | Assault |  |  | Crimes of theft | Completed theft | Attempted theft | Personal larceny |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  |  |  |  |  | Total | With injury | Without injury | Total | Aggravated | Simple |  |  |  | With contact | Without contact |
| **White** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12-15 (11,087,000) | 51.8 | 21.6 | 30.2 | 0.7[a] | 8.1 | 2.4 | 5.7 | 42.9 | 11.4 | 31.5 | 114.0 | 109.2 | 4.8 | 2.1 | 112.0 |
| 16-19 (12,007,010) | 62.0 | 22.3 | 39.7 | 2.5 | 7.6 | 1.9 | 5.8 | 51.8 | 19.8 | 32.0 | 122.9 | 116.6 | 6.3 | 1.8 | 121.1 |
| 20-24 (16,474,720) | 61.4 | 21.5 | 39.9 | 1.2 | 7.8 | 2.1 | 5.7 | 52.3 | 18.7 | 33.6 | 117.5 | 109.5 | 8.0 | 4.2 | 113.3 |
| 25-34 (35,942,660) | 33.0 | 11.3 | 21.7 | 1.0 | 6.6 | 2.6 | 3.9 | 25.4 | 8.6 | 16.8 | 79.5 | 73.7 | 5.8 | 2.1 | 77.4 |
| 35-49 (39,016,240) | 20.2 | 6.9 | 13.3 | 0.1[a] | 3.4 | 1.2 | 2.1 | 16.7 | 5.6 | 11.2 | 63.1 | 58.8 | 4.4 | 2.8 | 60.3 |
| 50-64 (29,086,120) | 7.8 | 2.5 | 5.3 | (Z)[a] | 2.3 | 1.2 | 1.1 | 5.4 | 1.3 | 4.1 | 36.4 | 33.8 | 2.6 | 1.4 | 35.0 |
| 65 and over (25,109,270) | 4.0 | 1.8 | 2.2 | 0.0[a] | 1.4 | 0.6[a] | 0.8 | 2.7 | 0.8 | 1.8 | 18.8 | 17.4 | 1.4 | 2.5 | 16.3 |
| **Black** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12-15 (2,136,120) | 59.5 | 34.1 | 25.3 | 1.0[a] | 13.3 | 4.6[a] | 8.7 | 45.2 | 14.6 | 30.6 | 93.2 | 93.2 | 0.0[a] | 8.2 | 85.0 |
| 16-19 (2,206,970) | 48.5 | 18.2 | 30.3 | 1.1[a] | 7.5 | 1.2[a] | 6.3[a] | 39.9 | 17.0 | 23.0 | 89.5 | 86.1 | 3.4[a] | 5.3[a] | 84.3 |
| 20-24 (2,591,900) | 49.8 | 20.6 | 29.2 | 4.4[a] | 12.2 | 5.7[a] | 6.6 | 33.2 | 16.0 | 17.2 | 110.7 | 103.9 | 6.8 | 11.1 | 99.6 |
| 25-34 (5,154,740) | 43.6 | 20.6 | 23.1 | 1.7[a] | 13.0 | 2.1[a] | 10.8 | 29.0 | 14.6 | 14.3 | 56.3 | 52.7 | 3.6 | 4.1 | 52.2 |
| 35-49 (4,778,030) | 21.1 | 5.7 | 15.4 | 0.4[a] | 5.5 | 2.5[a] | 3.1[a] | 15.1 | 8.4 | 6.8 | 51.6 | 48.2 | 3.5 | 4.2 | 47.4 |
| 50-64 (3,216,130) | 12.1 | 4.5[a] | 7.6 | 0.0[a] | 4.2[a] | 1.8[a] | 2.4[a] | 7.9 | 2.9[a] | 5.0 | 42.0 | 39.6 | 2.4[a] | 5.5 | 36.5 |
| 65 and over (2,327,420) | 9.2 | 7.7 | 1.5[a] | 0.0[a] | 4.1[a] | 1.2[a] | 2.9[a] | 5.1[a] | 1.6[a] | 3.5[a] | 17.3 | 15.7 | 1.6[a] | 2.4[a] | 14.9 |

NOTE: Detail may not add to total shown because of rounding. Numbers in parentheses refer to population in the group.

[a] Estimate is based on about 10 or fewer sample cases.
Z: Less than 0.05 per 1,000.

**Table 10. Personal crimes, 1986**

## Victimization rates for persons age 12 and over, by race, sex, and age of victims and type of crime

(Rate per 1,000 population in each age group)

| Race, sex and age | Crimes of violence | Crimes of theft |
|---|---|---|
| **White** | | |
| Male | | |
| 12-15 (5,679,840) | 66.3 | 122.9 |
| 16-19 (6,058,320) | 84.1 | 130.5 |
| 20-24 (8,127,240) | 77.9 | 126.5 |
| 25-34 (18,031,640) | 40.0 | 84.0 |
| 35-49 (19,282,240) | 22.6 | 60.8 |
| 50-64 (13,875,880) | 8.6 | 37.2 |
| 65 and over (10,384,950) | 5.0 | 22.9 |
| Female | | |
| 12-15 (5,407,160) | 36.6 | 104.7 |
| 16-19 (5,948,690) | 39.5 | 115.1 |
| 20-24 (8,347,480) | 45.3 | 108.8 |
| 25-34 (17,911,020) | 26.0 | 75.0 |
| 35-49 (19,734,000) | 18.0 | 65.4 |
| 50-64 (15,210,230) | 7.0 | 35.7 |
| 65 and over (14,724,320) | 3.4 | 16.0 |
| **Black** | | |
| Male | | |
| 12-15 (1,082,460) | 65.8 | 93.5 |
| 16-19 (1,079,390) | 53.4 | 123.2 |
| 20-24 (1,195,800) | 52.0 | 122.0 |
| 25-34 (2,356,200) | 49.1 | 46.6 |
| 35-49 (2,145,550) | 28.8 | 51.1 |
| 50-64 (1,434,890) | 12.9 | 46.8 |
| 65 and over (934,930) | 15.5[a] | 17.1[a] |
| Female | | |
| 12-15 (1,053,660) | 52.9 | 92.9 |
| 16-19 (1,127,570) | 43.8 | 57.3 |
| 20-24 (1,396,100) | 48.0 | 101.1 |
| 25-34 (2,798,530) | 39.1 | 64.5 |
| 35-49 (2,632,480) | 14.8 | 52.0 |
| 50-64 (1,781,240) | 11.4 | 38.2 |
| 65 and over (1,392,490) | 5.0[a] | 17.5 |

NOTE: Numbers in parentheses refer to population in the group.

[a] Estimate is based on about 10 or fewer sample cases.

Table [illegible]. Personal crimes of violence, 1980

## Percent of victimizations involving strangers, by sex and age of victims and type of crime

| Sex and age | Crimes of violence | Completed violent crimes | Attempted violent crimes | Rape | Robbery | | | Assault | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Total | With injury | Without injury | Total | Aggravated | Simple |
| **Both sexes** | 58.1 | 56.4 | 60.2 | 50.3 | 76.4 | 71.7 | 78.8 | 56.1 | 62.6 | 49.4 |
| 12-15 | 66.4 | 63.1 | 65.5 | 63.7* | 67.8 | 67.9 | 67.8 | 39.2 | 51.4 | 34.4 |
| 16-19 | 55.9 | 51.3 | 58.5 | 38.4* | 71.7 | 71.1 | 71.9 | 54.2 | 64.4 | 47.0 |
| 20-24 | 60.5 | 54.1 | 64.2 | 34.6* | 76.6 | 77.1 | 76.4 | 58.7 | 66.1 | 54.3 |
| 25-34 | 61.9 | 58.7 | 63.7 | 62.1 | 76.9 | 75.4 | 77.7 | 57.6 | 64.2 | 53.0 |
| 35-49 | 56.1 | 50.7 | 58.8 | 80.1* | 73.1 | 69.9 | 87.9 | 52.0 | 56.0 | 49.8 |
| 50-64 | 69.4 | 74.7 | 66.8 | 56.7* | 86.1 | 80.6 | 91.5 | 61.9 | 77.1 | 56.4 |
| 65 and over | 74.2 | 80.1 | 67.9 | 0.0* | 100.0 | 100.0 | 100.0 | 59.1 | 84.6 | 47.2 |
| **Male** | 66.5 | 64.7 | 67.4 | 80.7* | 83.1 | 86.1 | 82.6 | 62.7 | 69.0 | 58.4 |
| 12-15 | 51.2 | 60.8 | 53.0 | 100.0* | 76.2 | 77.1 | 72.9 | 65.3 | 55.3 | 41.0 |
| 16-19 | 61.5 | 61.8 | 61.3 | 100.0* | 76.2 | 87.4* | 73.3 | 59.2 | 70.1 | 51.3 |
| 20-24 | 75.6 | 68.4 | 79.0 | 0.0* | 87.8 | 90.0 | 86.3 | 73.5 | 78.8 | 69.4 |
| 25-34 | 69.2 | 69.6 | 69.1 | 100.0* | 83.3 | 89.9 | 80.2 | 65.4 | 67.3 | 64.0 |
| 35-49 | 66.2 | 68.3 | 65.4 | 0.0* | 85.3 | 67.7 | 94.3 | 61.5 | 62.7 | 60.7 |
| 50-64 | 71.9 | 75.7 | 70.0 | 0.0* | 87.3 | 81.7* | 92.1 | 66.1 | 72.3 | 63.5 |
| 65 and over | 75.4 | 80.3 | 69.1 | 0.0* | 100.0 | 100.0* | 100.0* | 61.1 | 76.7* | 51.3* |
| **Female** | 45.2 | 40.8 | 48.2 | 48.3 | 66.0 | 54.5 | 72.7 | 40.0 | 47.1 | 37.4 |
| 12-15 | 32.4 | 33.8 | 31.1 | 33.9* | 50.6 | 40.6* | 54.7* | 28.8 | 43.2 | 24.1 |
| 16-19 | 44.3 | 29.8 | 52.7 | 33.9* | 63.0 | 51.1* | 68.9 | 42.5 | 45.8 | 41.0 |
| 20-24 | 37.0 | 36.7 | 37.2 | 34.6* | 58.9 | 36.7* | 64.6 | 33.4 | 28.1 | 35.1 |
| 25-34 | 51.4 | 45.9 | 55.1 | 60.4 | 68.4 | 59.2 | 74.1 | 45.1 | 54.3 | 41.1 |
| 35-49 | 43.2 | 34.8 | 48.8 | 80.1* | 54.3 | 30.0* | 75.7 | 40.3 | 45.0 | 38.2 |
| 50-64 | 66.8 | 73.7 | 63.1 | 100.0* | 84.9 | 80.1 | 90.7 | 57.2 | 83.8 | 49.2 |
| 65 and over | 72.8 | 79.8 | 66.7 | 0.0* | 100.0 | 100.0* | 100.0* | 56.7 | 100.0* | 43.2* |

*Estimate is based on about 10 or fewer sample cases.

Table [illegible]. Personal crimes of violence, 1980

## Percent of victimizations in which victims took self-protective measures, by characteristics of victims and type of crime

| Characteristic | Crimes of violence | Completed violent crimes | Attempted violent crimes | Rape | Robbery | | | Assault | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Total | With injury | Without injury | Total | Aggravated | Simple |
| **Sex** | | | | | | | | | | |
| Male | 71.1 | 63.3 | 75.2 | 52.2* | 59.6 | 72.0 | 53.4 | 73.7 | 75.6 | 72.4 |
| Female | 70.1 | 71.7 | 69.1 | 86.6 | 65.2 | 78.8 | 57.3 | 70.1 | 73.2 | 69.0 |
| **Race** | | | | | | | | | | |
| White | 70.2 | 67.6 | 71.7 | 86.8 | 62.4 | 72.9 | 56.6 | 71.4 | 75.1 | 69.5 |
| Black | 74.6 | 65.2 | 82.1 | 82.2 | 62.5 | 79.2 | 55.2 | 78.7 | 75.6 | 81.2 |
| **Age** | | | | | | | | | | |
| 12-19 | 70.7 | 72.1 | 69.8 | 90.2 | 68.5 | 78.9 | 64.6 | 70.5 | 72.6 | 69.4 |
| 20-34 | 73.0 | 67.5 | 76.1 | 85.6 | 60.1 | 73.3 | 53.5 | 75.5 | 77.5 | 74.4 |
| 35-49 | 70.4 | 65.3 | 72.9 | 80.1* | 61.3 | 70.4 | 55.5 | 72.4 | 77.0 | 69.8 |
| 50-64 | 52.3 | 38.5 | 59.1 | 0.0* | 59.0 | 73.9 | 44.6 | 50.1 | 51.3 | 49.6 |
| 65 and over | 64.1 | 54.9 | 73.8 | 0.0* | 52.1 | 91.1 | 25.9* | 71.1 | 59.8* | 76.4 |

*Estimate is based on about 10 fewer sample cases.

### Table 47. Personal crimes of violence, 1986

## Percent of multiple-offender victimizations, by type of crime, age of victims, and perceived age of offenders

| Type of crime and age of victim | Total | Perceived age of offenders: All under 12 | All 12-20 | All 21-29 | All 30 and over | Mixed ages | Not known and not available |
|---|---|---|---|---|---|---|---|
| Crimes of violence$^a$ | | | | | | | |
| 12-19 (470,740) | 100.0 | 1.2$^b$ | 53.0 | 4.4 | 1.7$^b$ | 31.8 | 6.0 |
| 20-34 (648,510) | 100.0 | 0.0$^b$ | 22.4 | 24.2 | 8.1 | 37.4 | 6.7 |
| 35-49 (169,710) | 100.0 | 0.0$^b$ | 33.9 | 9.1$^b$ | 13.4 | 25.8 | 16.6 |
| 50-64 (57,680) | 100.0 | 0.0$^b$ | 5.6$^b$ | 39.6 | 10.2$^b$ | 20.5$^b$ | 24.2$^b$ |
| 65 and over (28,360) | 100.0 | 0.0$^b$ | 30.2$^b$ | 31.8$^b$ | 13.5$^b$ | 12.1$^b$ | 12.5$^b$ |
| Robbery | | | | | | | |
| 12-19 (112,240) | 100.0 | 3.5$^b$ | 53.2 | 0.0$^b$ | 1.6$^b$ | 38.2 | 1.3$^b$ |
| 20-34 (196,930) | 100.0 | 0.0$^b$ | 30.3 | 27.4 | 7.2$^b$ | 28.1 | 7.0$^b$ |
| 35-49 (72,390) | 100.0 | 0.0$^b$ | 35.2 | 7.7$^b$ | 4.1$^b$ | 30.2 | 22.9 |
| 50-64 (29,110) | 100.0 | 0.0$^b$ | 6.0$^b$ | 45.1$^b$ | 7.6$^b$ | 0.0$^b$ | 41.3$^b$ |
| 65 and over (21,460) | 100.0 | 0.0$^b$ | 32.1$^b$ | 32.8$^b$ | 17.8$^b$ | 8.4$^b$ | 8.9$^b$ |
| Assault | | | | | | | |
| 12-19 (356,460) | 100.0 | 0.5$^b$ | 52.7 | 5.8 | 1.7$^b$ | 30.0 | 7.5 |
| 20-34 (435,190) | 100.0 | 0.0$^b$ | 19.6 | 22.5 | 8.1 | 42.1 | 5.9 |
| 35-49 (97,320) | 100.0 | 0.0$^b$ | 32.9 | 10.2$^b$ | 20.3 | 22.6 | 11.9$^b$ |
| 50-64 (27,080) | 100.0 | 0.0$^b$ | 5.4$^b$ | 35.8$^b$ | 8.0$^b$ | 43.7$^b$ | 7.1$^b$ |
| 65 and over (6,890) | 100.0$^b$ | 0.0$^b$ | 24.3$^b$ | 28.5$^b$ | 0.0$^b$ | 23.5$^b$ | 23.7$^b$ |

NOTE: Detail may not add to total shown because of rounding. Number of victimizations shown in parentheses.

[a] Includes data on rape, not shown separately.
[b] Estimate is based on about 10 or fewer sample cases.

### Table 69. Personal robbery and assault, 1986

## Percent of victimizations in which victims sustained physical injury, by selected characteristics of victims and type of crime

| Characteristic | Robbery and assault | Robbery | Assault |
|---|---|---|---|
| **Sex** | | | |
| Both sexes | 32.2 | 34.7 | 31.6 |
| Male | 30.5 | 33.4 | 29.9 |
| Female | 34.8 | 36.8 | 34.4 |
| **Age** | | | |
| 12-15 | 39.3 | 30.0 | 41.2 |
| 16-19 | 33.7 | 25.2 | 35.0 |
| 20-24 | 32.2 | 32.0 | 32.2 |
| 25-34 | 29.9 | 34.4 | 28.6 |
| 35-49 | 29.4 | 38.9 | 27.3 |
| 50-64 | 27.1 | 49.7 | 16.6 |
| 65 and over | 37.9 | 40.2 | 36.6 |
| **Race** | | | |
| White | 31.3 | 36.0 | 30.4 |
| Black | 37.2 | 30.3 | 39.7 |
| **Victim-offender relationship** | | | |
| Strangers | 28.2 | 32.6 | 26.7 |
| Nonstrangers | 37.8 | 41.5 | 37.3 |
| **Income** | | | |
| Less than $7,500 | 38.4 | 39.0 | 38.3 |
| $7,500-$9,999 | 36.7 | 31.8 | 38.3 |
| $10,000-$14,999 | 37.6 | 53.9 | 34.5 |
| $15,000-$24,999 | 28.0 | 20.3 | 29.7 |
| $25,000-$29,999 | 24.3 | 23.1 | 24.6 |
| $30,000-$49,999 | 25.7 | 37.0 | 23.1 |
| $50,000 or more | 30.9 | 33.3 | 30.3 |

Table 76. Personal crimes of violence, 1986

## Percent of victimizations in which injured victims received hospital care, by selected characteristics of victims and type of crime

| Characteristic | Crimes of violence[a] | Robbery | Assault |
|---|---|---|---|
| Sex | | | |
| Both sexes | 23.9 | 24.6 | 23.8 |
| Male | 27.2 | 26.9 | 27.3 |
| Female | 19.7 | 21.4 | 18.7 |
| Age | | | |
| 12-19 | 19.2 | 23.3[b] | 18.8 |
| 20-34 | 24.4 | 25.1 | 24.2 |
| 35-49 | 32.4 | 28.3 | 33.2 |
| 50-64 | 31.2 | 25.6[b] | 39.0[b] |
| 65 and over | 14.4[b] | 9.5[b] | 17.6[b] |
| Race | | | |
| White | 20.6 | 20.3 | 20.7 |
| Black | 42.1 | 43.3 | 42.2 |
| Victim-offender relationship | | | |
| Strangers | 27.5 | 24.8 | 28.5 |
| Nonstrangers | 20.2 | 24.2 | 19.8 |

[a] Includes data on rape, not shown separately.
[b] Estimate is based on about 10 or fewer sample cases.

Table 98. Personal crimes, 1986

## Percent of victimizations reported to the police, by type of crime and age of victims

| Type of crime | 12-19 | 20-34 | 35-49 | 50-64 | 65 and over |
|---|---|---|---|---|---|
| All personal crimes | 20.2 | 38.7 | 38.5 | 44.2 | 39.2 |
| Crimes of violence | 33.9 | 54.9 | 55.4 | 64.5 | 65.3 |
| Completed | 46.3 | 61.8 | 71.8 | 85.2 | 80.6 |
| Attempted | 25.5 | 51.0 | 47.2 | 54.2 | 49.0 |
| Rape | 30.9[a] | 54.6 | 80.1[a] | 56.3[a] | 0.0[a] |
| Robbery | 32.1 | 62.7 | 65.4 | 80.6 | 81.6 |
| Completed | 45.5 | 70.3 | 80.8 | 89.4 | 91.1 |
| With injury | 62.4 | 87.0 | 73.9 | 93.2 | 90.2[a] |
| From serious assault | 43.2[a] | 88.7 | 76.4[a] | 100.0[a] | 68.9[a] |
| From minor assault | 71.2 | 83.9 | 71.8[a] | 91.7 | 100.0[a] |
| Without injury | 37.7 | 60.8 | 85.0 | 85.3 | 91.9 |
| Attempted | 14.7[a] | 50.4 | 42.8 | 59.6[a] | 49.7[a] |
| With injury | 13.9[a] | 55.8 | 57.3[a] | 82.5[a] | 0.0[a] |
| From serious assault | 29.7[a] | 78.1 | 74.5[a] | 100.0[a] | 0.0[a] |
| From minor assault | 8.6[a] | 32.7[a] | 32.9[a] | 73.6[a] | 0.0[a] |
| Without injury | 14.9[a] | 48.2 | 33.1[a] | 40.4[a] | 60.0[a] |
| Assault | 34.3 | 53.1 | 52.9 | 57.2 | 55.7 |
| Aggravated | 44.2 | 64.0 | 64.3 | 69.3 | 92.6 |
| Completed with injury | 52.4 | 68.8 | 63.0 | 88.2[a] | 100.0[a] |
| Attempted with weapon | 37.5 | 61.7 | 65.0 | 60.6 | 84.9[a] |
| Simple | 29.2 | 46.8 | 46.6 | 52.8 | 38.4 |
| Completed with injury | 43.9 | 51.8 | 71.0 | 65.7[a] | 41.8[a] |
| Attempted without weapon | 21.5 | 44.8 | 38.5 | 51.2 | 36.9[a] |
| Crimes of theft | 13.4 | 31.0 | 33.0 | 39.6 | 32.8 |
| Completed | 13.4 | 31.9 | 33.5 | 40.0 | 34.8 |
| Attempted | 15.3 | 19.9 | 27.1 | 33.7 | 9.8[a] |
| Personal larceny with contact | 11.4[a] | 36.8 | 49.7 | 66.0 | 28.9 |
| Purse snatching | 28.6[a] | 56.0 | 70.1 | 73.2 | 27.6[a] |
| Completed | 28.6[a] | 68.1 | 80.4 | 89.0 | 36.0[a] |
| Attempted | 0.0[a] | 0.0[a] | 33.5[a] | 0.0[a] | 0.0[a] |
| Pocket picking | 7.0[a] | 29.1 | 37.7 | 61.4 | 29.4[a] |
| Personal larceny without contact | 13.5 | 30.8 | 32.2 | 38.3 | 33.4 |
| Completed | 13.4 | 31.6 | 32.6 | 38.5 | 35.4 |
| Less than $50 | 5.4 | 15.4 | 14.2 | 16.5 | 21.1 |
| $50 or more | 31.0 | 44.2 | 45.8 | 53.9 | 48.7 |
| Amount not available | 12.3[a] | 31.8 | 26.1 | 25.3 | 30.4 |
| Attempted | 15.3 | 20.4 | 26.7 | 35.3 | 11.1[a] |

[a] Estimate is based on zero or on about 10 or fewer sample cases.

## ITEM 10. DEPARTMENT OF LABOR

December 20, 1988.

Dear Mr. Chairman: Encolsed is a summary of the programs and activities of the Department of Labor for fiscal year 1988 related to aging.

Described in the report are programs administered by the Employment and Training Administration, the Pension and Welfare Benefits Administration, and the Bureau of Labor Statistics.

I trust this information will be of assistance to you in preparing your report, "Developments in Aging."

Sincerely,

Ann McLaughlin.

Enclosure.

### Employment and Training Administration

#### INTRODUCTION

The Department of Labor (DOL's) Employment and Training Administration (ETA) provided a variety of training, employment and related services for the Nation's older individuals during Program Year 1987 (July 1, 1987–June 30, 1988) through the following programs and activities: the Senior Community Service Employment Program (SCSEP); programs authorized under the Job Training Partnership Act (JTPA); the Federal-State Employment Service system; and research and demonstration efforts.

#### SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

The Senior Community Service Employment Program (SCSEP), authorized by Title V of the Older Americans Act, employs low-income persons age 55 or older in a wide variety of part-time community service activities such as health care, nutrition, home repair and weatherization programs, and in beautification, fire prevention, conservation, and restoration efforts. Program participants work an average of 20 hours per week in schools, hospitals, parks, community centers, and in other government and private, non-profit facilities. Participants also receive personal and job-related counseling, annual physical examinations, job training, and in many cases referral to regular jobs in the competitive labor market.

Eighty percent of the participants are age 60 or older, and over half are age 65 or older. Almost 70 percent are female, about half have not completed high school, and all enrollees have a low income.

Table 1 shows SCSEP funding, enrollment and participant characteristics for the program year July 1, 1987, to June 30, 1988.

Table 1.—*Senior Community Service Employment Program (SCSEP): Funding, enrollment, and participant characteristics—Program Year July 1, 1987, to June 30, 1988*

| | |
|---|---|
| Funding | $336,000,000 |
| Enrollment: | |
| Authorized positions established | 65,757 |
| Unsubsidized placements | 14,453 |
| Charteristics (Percent): | |
| Sex: | |
| Male | 31 |
| Female | 69 |
| Educational status: | |
| 8th grade and less | 28 |
| 9th through 11th grade | 21 |
| High School graduate or equivalent | 34 |
| 1–3 years of college | 12 |
| 4 years of college or more | 5 |
| Veterans | 14 |
| Ethnic groups: | |
| White | 63 |
| Black | 24 |
| Hispanic | 9 |
| American Indian/Alaskan Native | 1 |
| Asian/Pacific Island | 3 |
| Economically disadvantaged | 100 |

| | |
|---|---|
| Poverty level or less | 80 |
| Age groups: | |
| 55–59 | 20 |
| 60–64 | 29 |
| 65–69 | 25 |
| 70–74 | 16 |
| 75 and over | 10 |

Source: U.S. Department of Labor, Employment and Training Administration (Preliminary Data).

## JOB TRAINING PARTNERSHIP ACT (JTPA) PROGRAMS

The Job Training Partnership Act (JTPA) provides job training and related assistance to economically disadvantaged individuals, dislocated workers, and others who face significant employment barriers. The ultimate goal of JTPA is to move program participants into permanent, self sustaining employment. Under JTPA, Governors have approval authority over locally developed plans and are responsible for monitoring local program compliance with the Act. JTPA functions through a public/private partnership which plans and designs training programs, and also delivers training and other services. Private Industry Councils, in partnership with local governments in each service delivery area, are responsible for providing guidance for and oversight of job training activities in the area.

JTPA places emphasis on increasing the post program employment and earnings of economically disadvantaged and displaced workers. Seventy percent of the funds available to service delivery areas are required to be spent on training. Not more than 15 percent can be spent for the costs of administration, and not more than 30 percent may be spent for the combined costs of administration and supportive services.

### *Basic JTPA Grants*

Title II–A of JTPA authorizes a wide range of training activities to prepare economically disadvantaged youth and adult for unsubsidized employment. Training services available to eligible older workers through the basic Title II–A grant program may include activities such as on-the-job training, institutional and classroom training, remedial education and basic skill training, and job search assistance and counseling. Table 2 shows the number of persons 55 years of age and over who terminated from the Title II–A program during the period July 1, 1987, through June 30, 1988. The data do not include the 3 percent set-aside program which is reviewed separately.

TABLE 2—JTPA ENROLLMENT JULY 1, 1987 – JUNE 30, 1988

[Title II–A grants]

| Item | Number served | Percent |
|---|---|---|
| Total terminees | 813,621 | 100 |
| 55 years and over | 15,341 | 1.9 |

Source: U.S. Department of Labor, Employment and Training Administration, (October 1988 Preliminary Data)

### *Programs for Dislocated Workers*

Title III authorizes a State-administered dislocated worker program which provides training and related employment assistance to workers who have been, or have received notice that they are about to be, laid off due to a permanent closing of a plant or facility; laid off workers who are unlikely to be able to return to their previous industry or occupation; and the long-term unemployed with little prospect for local employment or reemployment. Those older workers eligible for the program may receive such services as job relocation assistance, retraining, pre-layoff assistance and relocation. During the period July 1, 1987 through June 30, 1988, approximately 10,000 individuals 55 years of age and over went through the program (about 8 percent of the program terminations).

### *Section 124 Set-Aside*

Section 124 of JTPA calls for 3 percent of the Title II-A allotment of each State to be made available for the training and placement of older individuals in employment opportunities with private business concerns. This provision specifies that only economically disadvantaged individuals who are 55 years of age or older are eligible for services funded from this set-aside.

JTPA offers wide discretion to the Governors in using the set-aside. Two major patterns have evolved. One is its use for organizationally distinct older worker projects in a manner similar to the categorical separation of SCSEP programs from the rest of the JTPA system. The other is the use of the set-aside as resources for Title II-A programs to ensure a minimum portion of older workers among Title II-A participants, without the creation of separate programs for older workers. In some States, all or part of the set-aside is formula-funded to service delivery areas. In other States, it is used for administration at the State level, for model programs, or for both purposes. For Program Year 1987, (July 1, 1987 through June 30, 1988), the 3 percent set-aside program for economically disadvantaged individuals 55 years of age and over enrolled almost 54,000 participants.

## THE FEDERAL-STATE EMPLOYMENT SERVICE SYSTEM

The State-operated public employment service offices offer employment assistance to all jobseekers, including middle-age and older persons. A full range of labor market services are provided, including counseling, testing, job development, job search assistance and job placement. In addition, labor market information and referral to relevant training and employment programs are also made available. In response to the paperwork reduction initiatives, there has been a reduction in the Federal reporting requirements for the State Employment Service agencies. Data on characteristics of applicants, such as age, are no longer collected. Consequently, data concerning age groups in Table 3 below are estimated. Using the previous reporting years as the basis for estimates, the State Employment Service agencies placed about 419,000 individuals 40 years of age or older. This category, which constitutes about 21 percent of all applicants, was referred to 16 percent of all openings and received 23.8 percent of the counseling services.

TABLE 3.—EMPLOYMENT SERVICE ACTIVITIES TO ASSIST OLDER WORKERS—PROGRAM YEAR 1987

| Services provided by State Employment Service Agencies | Total [1] | Individuals served (percent) [2] | |
|---|---|---|---|
| | | Age 40 and over | Age 55 and over |
| Total applicants | 17,251,299 | 21.2 | 5.6 |
| Individuals referred in to job | 6,919,305 | 16.1 | 3.7 |
| Individuals placed in a job | 3,147,467 | 13.3 | 3.2 |
| Individuals counseled | 532,000 | 23.8 | 6.1 |

[1] Data from Employment Service Program Quarterly Report (from all States, except Michigan).

[2] Estimates based upon percentages from Program Year 1986 reports.

[3] Union Retirees: Enriching Their Lives and Enhancing Their Contribution: National Institute for Work and Learning, June 1988 Interim.

Source: U.S. Department of Labor, Employment and Training Administration.

## RESEARCH

In Fiscal Year 1988, an interim report on union retirees was prepared by the Academy for Educational Development, National Institute for Work and Learning.[3] The study, which was funded by the Employment and Training Administration and the AFL-CIO, examined the needs of retirees for continued association with their locals for information, education as well as social and community contact. Retirees were asked about such things as their housing and living arrangements, geographic mobility, health insurance and services and finances. In addition, they were asked about employment, social contacts in and outside their union, services provided by the unions before and after retirement, and satisfaction with their post-retirement condition. Finally they were also asked about major concerns such as crime, inflation and illegal drugs as well as general social, economic and international issues which might affect them directly. Demographic data were also collected and matched with satisfaction with retirement life, personal conditions and income. Although this sample pertained specifically to union activities, they share many of the same needs and concerns as the elderly population in general. A companion study examined services provided by participating unions and their locals and followed up with onsite studies of services in selected cities. A combined final report is expected to be available in December, 1988.

## PENSION AND WELFARE BENEFITS ADMINISTRATION

### INTRODUCTION

The Pension and Welfare Benefits Administration (PWBA) is responsible for enforcing the Employee Retirement Income Security Act (ERISA). PWBA's primary responsibilities are for the reporting, disclosure and fiduciary provisions of the law.

Employee benefit plans maintained by employers and/or unions generally must meet certain standards, set forth in ERISA, designed to ensure that employees actually will receive the benefits promised. ERISA does not, however, apply to public sector plans or to certain private sector plans.

The requirements of ERISA differ depending on whether the benefit plan is a pension plan or a welfare plan. Both types of plans must comply with provisions governing reporting and disclosure to the Government and to participants (Title I, Part 1) and fiduciary responsibility (Title I, Part 4). Pension plans must comply with additional ERISA standards (contained in both title IX, Parts 2 and 3, and Title II) which govern membership in a plan (participation), nonforfeitability of a participant's right to a benefit (vesting), and financing of benefits offered under the plan (funding). Welfare plans providing medical care must comply with ERISA continuation coverage requirements (Title I, Part 6).

The Departments of Labor and the Treasury have responsibility for administering the provisions of Title I and Title II, respectively, of ERISA. The Pension Benefit Guaranty Corporation (PBGC) is responsible for administering Title IV, which established an insurance program for certain benefits provided by specified ERISA pension plans.

### REPORTING AND DISCLOSURE STANDARDS

ERISA requires that plans disclose to participants and report to the Federal Government information about plan provisions and financial status. Certain plans must submit an annual report in the form of a financial statement; in general, PWBA-regulated benefit plans must also submit a public accountant's opinion. The report generally includes a statement of plan assets and liabilities, a statement of transactions involving conflict of interest situations, and other information regarding the administration of the plan. Annual report forms are simplified for small plans, and a number of paperwork reductions have been instituted since ERISA's passage in 1974.

The annual report is submitted to the Internal Revenue Service (IRS) and shared by the ERISA agencies. In Fiscal Year 1988, data indicate that DOL received over one million annual reports. This information is used for enforcement and research, and the documents are kept on file for public disclosure. The plan administrator also submits a summary of the annual report to plan participants and furnishes participants, beneficiaries and DOL with a summary plan description (SPD) written to be understood by the avarage person. The SPD contains a description of benefits, the requirements for eligibility and procedures for presenting claims for benefits. In addition, participants may request, and in some cases must be provided without a request, a statement of their individual benefits.

The Pension Protection Act of 1987 amended ERISA to authorize the Labor Department to assess civil penalties of up to $1,000 per day against plan administrators who refuse or fail to file complete annual reports.

### MINIMUM STANDARDS FOR PARTICIPATION AND VESTING

IRS, for the most part, enforces the ERISA minimum standards for participation and vesting. ERISA restricts the age and service requirements which plans may impose as conditions for eligibility to participate in the employer's pension plan. The basic rule is that an employee cannot be denied membership in the plan, merely on account of age or service, if he or she is at least 21 years old and has worked for the employer for one year.

Other ERISA provisions govern when a plan participant must gain a nonforfeitable right to the portion of the retirement benefit provided by the employer's contributions to the plan. (Amounts attributable to the participant's own contributions are always nonforfeitable.) In this regard, the plan must provide that an employee gain a nonforfeitable right to this portion of his or her retirement benefit at a rate which is not less generous than one of the schedules set forth in ERISA. The Tax Reform Act of 1986 established new schedules which, for most plans, provide a nonforfeitable right to retirement benefit sooner than under the prior PWBA schedules. The new schedules are effective for plan years beginning after 1988.

ERISA also contains rules on the rate at which participants must be allowed to "accrue" a benefit, i.e., the rate at which they are considered to have "earned" a portion of their ultimate retirement benefit. These standards basically are relevant to pension plans which promise to provide participants a defined periodic payment upon retirement.

### MINIMUM FUNDING STANDARDS

ERISA sets forth rules for financing pension benefits. For plans which promise participants a defined periodic payment upon retirement, the employer's contributions are determined actuarially. Certain assumptions of mortality, interest and turnover rates are used to calculate how much should be contributed to provide the benefits promised by the plan. ERISA provides rules governing what types of funding methods are appropriate and establishes penalties for failures to comply with these standards. These funding rules are enforced by IRS. The Department of Labor, however, has jurisdiction over two new disclosure requirements related to the minimum funding standards under the Pension Protection Act of 1987.

### FIDUCIARY STANDARDS

ERISA sets forth certain standards regarding the investment and utilization of plan assets with which fiduciaries of employee benefit plans must comply. These standards include the requirements that plan assets be invested "solely in the interest" of plan participants and beneficiaries, and that plans be maintained for the exclusive benefit of the participants and their beneficiaries. ERISA provides that fiduciaries must adhere to standards regarding the safeguarding and diversification of plan assets that would be followed by a "prudent" investor. ERISA also sets forth certain rules governing activities that (uless specifically exempted) may not be carried out by certain individuals and groups (including fiduciaries) who, because of the potential for conflict with the interests of the plan, might cause the plan to operate in their own interests. These activities are known as "prohibited transactions", and persons who violate the rules may be subject to an excise tax imposed by IRS, or a civil penalty assessed by the Department of Labor.

Civil actions may be brought by the Secretary of Labor or by plan participants and beneficiaries for violations of Title I of ERISA. DOL places great emphasis on enforcing the fiduciary provisions of the Act. In Fiscal Year 1988, it recovered over $100.5 million for employee benefit plans through a combination of litigation and voluntary compliance. Under voluntary compliance, breaches of fiduciary duty are corrected through voluntary settlement agreements with plan officials. More than $80.2 million was recovered through voluntary compliance and over $20.2 million through litigation. Potential criminal violations involving employee benefit plans are investigated by either PWBA or the Inspector General's Office of Labor Racketeering and ultimately may be referred to the Department of Justice for prosecution.

### PLAN TERMINATION INSURANCE

Title IV of ERISA established within DOL a benefit insurance program administered by PBGC, an independent nonprofit entity with a Board of Directors consisting of the Secretaries of Labor, Commerce, and the Treasury. This insurance program is applicable only to certain pension plans which promise a defined benefit upon a participant's retirement. Employers who maintain these plans are required to pay an annual per-participant premium to PBGC to finance this coverage.

The guarantee program differs according to the number of employers maintaining the plan. In the case of a single-employer plan, PBGC will guarantee, up to a prescribed level, the payment of a participant's nonforfeitable benefit if the plan terminates with insufficient assets to pay these benefits. In the case of a multiemployer plan, PBGC guarantees benefits up to a prescribed level which is lower than the level guaranteed to single-employer plans. In this case, it is the inability of the plan to pay participants their guaranteed amounts, not plan termination, that triggers financial assistance.

### RESEARCH AND DEVELOPMENT

PWBA conducts a coordinated program of research through contracts and in house studies. The research program develops data on employee benefit plans which can be used as the basis for program modifications or policy decisions. It also analyzes economic issues related to retirement decisions and income and to the performance and effect of private pension plans in financial markets. The following study areas were reviewed in Fiscal Year 1988:

(1) Analysis of the cost of different mechanisms for increasing portability;

(2) Collection of pension statistics for eight countries and comparison of that data with statistics from the United States;

(3) A supplement to the Current Population Census Survey on employer-provided retiree health benefits;

(4) Key punch and edit of samples of 1983 and 1984 Form 5500's.

Further, work on a book, "Trends In Pensions 1989," which compiles for the first time more than 16,000 statistics about the United States pension system from more than fifty publications was completed.

Finally, the following research contracts were awarded, but not completed, in Fiscal Year 1988:

(1) A study of the impact of job changes on worker's pension benefits;

(2) A study of the financial factors affecting firms' decisions to grant benefit increases to retirees;

(3) A study of the role of innovative investment vehicles in pension portfolio strategies;

(4) Development of a microsimulation model for analysis of proposed health insurance legislation.

### INQUIRIES

PWBA publishes literature and audio-visual materials which explain in some depth provisions of ERISA, procedures for plans to ensure compliance with the Act, and the rights and protections afforded participants and beneficiaries under the law. In addition, PWBA deals with many inquiries from older workers. During Fiscal Year 1988, the national office staff responded to over 51,820 inquiries from plan participants, beneficiaries and other persons interested in the administration of plans. Among the publications disseminated, the following are designed exclusively to assist the public in understanding the law and how their pension plans operate:

—*What You Should Know About The Pension And Welfare Law.*
—*Know Your Pension Plan.*
—*How To File A Claim For Benefits.*
—*Often Asked Questions About ERISA.*
—*Retirement Equity Act: Its Impact On Women.*
—*How to Obtain Employee Benefit Documents From The Labor Department.*
—*Simplified Employee Pensions: What Small Business Needs To Know.*

## BUREAU OF LABOR STATISTICS

### INTRODUCTION

The Department of Labor's Bureau of Labor Statistics (BLS) regularly issues a wide variety of statistics on the employment situation by age. Monthly data are available on employment and unemployment for older persons, and annual data are available on consumer expenditures for this group.

### EXPERIMENTAL PRICE INDEX FOR OLDER PERSONS

On June 30, 1988, BLS reported to Congress on an experimental price index reweighted to represent the expenditures of Americans 62 years and older. The study was required by the Older Americans Act Amendment of 1987. In some of the years of the study, the experimental measure rose more than the Bureau's two official consumer price indexes. However, the Bureau cautioned that considerable care should be taken in interpreting the results of the experimental index because of considerably larger sampling errors than the officials indexes.

### EMPLOYMENT PROBLEMS OF OLDER WORKERS

At the request of Congress, BLS is preparing a report on the employment problems of older workers, focusing particularly on those who have lost jobs or are trying to reenter the job market.

The report will examine a wide range of data on such problems as employment, displacement and discouragement. It will also review some special labor market problems of older women, particularly those associated with labor market reentry. In addition, the report will look at some possible barriers to older worker employment, including pension regulations and the availability of appropriate part-time jobs.

The report is expected to be submitted to Congress in late December 1988.

## ITEM 11. DEPARTMENT OF STATE

OCTOBER 17, 1988.

DEAR MR. CHAIRMAN: I am responding on behalf of the Secretary of State to your letter of September 21 concerning the Developments in Aging report. Enclosed is the Department's submission for Volume II of the report. Thank you for providing the opportunity to discuss this important topic.

With best wishes,

Sincerely,

J. EDWARD FOX,
*Assistant Secretary, Legislative Affairs.*

Enclosure: Department of State report on Developments in Aging.

### DEPARTMENT OF STATE REPORT ON DEVELOPMENTS IN AGING

The Department of State's primary involvement with aging citizens is as a provider of U.S. government services to Americans living overseas. In this capacity, American embassies assist in the distribution of Social Security benefits to recipients living overseas, for example.

The Department's second point of interaction with the aging is in the context of providing retirement benefits for retirees. The Department of State administers the Foreign Service Retirement and Disability System and the Foreign Service Pension System, which provide annuities and survivor benefits to retired members of the Foreign Service, and their families.

The Department also engages with its former employees by sponsoring Foreign Service Day on an annual basis. This one day conference, held on the Department of State premises, affords Foreign Service retirees an opportunity to refresh their knowledge of foreign affairs, through a series of meetings and speakers on foreign policy topics of the day. Foreign Service Day additionally gives our former employees a chance to maintain and revitalize personal contacts and friendships acquired during their careers.

## ITEM 12. DEPARTMENT OF TRANSPORTATION

DECEMBER 2, 1988.

DEAR SENATOR MELCHER: I am pleased to forward to you the enclosed report which summarizes significant actions taken by this Department during calendar year 1988 to improve transportation facilities and services for older Americans. The report is being forwarded in response to your letter to Secretary Burnley, requesting information for Part 2 of the Committee's annual report, *Developments in Aging.* I hope you will find this information helpful.

If we can assist you further, please let us know.

Sincerely,

GREGORY S. DOLE,
*Assistant Secretary for Policy and International Affairs.*

Enclosure.

### SUMMARY OF ACTIVITIES TO IMPROVE TRANSPORTATION SERVICES FOR THE ELDERLY [1]

#### INTRODUCTION

The following is a summary of significant actions taken by the U.S. Department of Transportation during calendar year 1988 to improve transportation for elderly persons.[2]

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[1] Prepared for the U.S. Senate Special Committee on Aging—December 1988.

[2] Many of the activities highlighted in this report are directed toward the needs of handicapped persons. However, one-third of the elderly are handicapped and thus will be major beneficiaries of these activities.

## POLICIES

### *Federal Railroad Administration*

Amtrak continued throughout calendar year 1988 it's system-wide policy of offering to handicapped and elderly persons a twenty-five percent discount on one-way ticket purchases, with the exception of certain peak travel days. Senior citizens and handicapped passengers are not permitted to combine their twenty-five percent discount with any other discounts.

With appropriate prior notification to its reservation office, Amtrak provides special food service, facilities for handling reservations for the hearing impaired, special equipment handling, and provision of wheelchairs and assistance in boarding and deboarding of elderly and handicapped passengers. Persons may request special services by contacting Amtrak's special service desk at 1-800-USA-RAIL. They may also inform the ticket agent of their needs at the time they book their reservations or call the railroad station in advance of their travel.

Amtrak has modified its older coaches and sleeping cars and has incorporated accessibility features in restrooms and in other areas. The corporation is replacing its battery operated lifts with mechanical lifts which are easier to operate. It is continuing to incorporate accessibility features in its more than 475 stations as they are upgraded.

Amtrak is working to improve training of its employees so that they are familiar with the appropriate ways to respond to passengers with special needs.

### *Urban Mass Transportation Administration*

UMTA is the lead agency in an interdepartmental working relationship between the Department of Transportation (DOT) and the Department of Health and Human Services (DHHS). Under the terms of the interagency agreement, a staff working group has been established, and a formal executive level DOT/DHHS Transportation Coordination Council has been formed. The Council which meets biannually, has directed that regional initiatives be undertaken in each Federal region. Federal regional staff from both Departments have worked with state program administrators to identify barriers to coordination in federally supported programs and to encourage state and local efforts to coordinate funding for specialized transportation services. The liaison between these two Departments will increase the mobility of elderly Americans by improving the coordination and effective use of transportation resources of both Departments.

As a part of its efforts in the Joint Council on Coordination, UMTA has transferred $50,000 to the Department of Health and Human Services for its share of costs toward development of a "Manual of Best Practices" in transportation coordination. This manual will cover state and local programs which have successfully demonstrated approaches to coordination of services and which address a number of the barriers to coordination identified by the regional initiatives.

UMTA is working closely with the Administration on Aging to develop joint initiatives to ensure closer working relationships between state transportation agencies and agencies on aging. It is hoped that this process can permit better coordination of policies and programs at the state level and that a number of barriers identified in these programs can be better addressed by such cooperation.

In 1988, UMTA and DHHS funded the final phase of a $200,000 project to the Alabama Highway Department on behalf of the Region IV Transportation Consortium. The Consortium is an eight state cooperative effort in Region IV designed to achieve improvements in human service transportation delivery. Project components include: development of a coordinated technical assistance mechanism among the member states; research; and identification and removal of a programmatic and institutional barriers to coordinated human service transportation funded by the two Departments. Particular attention is given to transportation and human service programs administered at the state level.

## CAPITAL AND OPERATING ASSISTANCE

### *Urban Mass Transportation Administration*

Under Section 16(b)(2) of the Urban Mass Transportation Act, UMTA provides assistance to private nonprofit organizations for the provision of transportation services for the elderly and persons with disabilities. In 1988, over $35.2 million was used to assist in the purchase of 1,515 vehicles for the provision of transportation services for these persons.

Under Section 18 of the Urban Mass Transportation Act, UMTA obligated $102.7 million to states in 1988. These funds were to be used for capital, operating and administrative expenditures by state and local agencies, nonprofit organizations and operators of transportation services to provide public transportation services in rural and small urban areas under 50,000 population. Under Section 9 of the Urban Mass Transportation Act, UMTA obligated $2,112.3 million in 1988. These funds were to be used for capital and operating expenditures by transit agencies to provide public transportation services in urbanized areas. While these services must be open to the general public, a significant percentage of passengers served are elderly persons.

## RESEARCH AND TECHNICAL ASSISTANCE

### *Federal Highway Administration*

The Federal Highway Administration's Office of Safety and Traffic Operations Research and Development has begun "Operation Pedsaver" to develop a national emphasis program on pedestrian safety. Because elderly persons are over-represented in pedestrian accidents, they are one of the target groups of this effort.

Another project will produce a handbook compiling information on planning, design, and maintenance of pedestrian facilities. The handbook will cover design features required to accommodate elderly and handicapped pedestrians.

"Accessible Networks for Elderly and Handicapped Pedestrians" is the title of a project that developed the concept of a priority accessible network (PAN) to address the problem of accommodating elderly and handicapped pedestrians. An existing manual outlining the process of developing PANs was tested in a number of cities. A manual based on experiences in these cities, as well as in other cities that used the manual, has been completed. It has been made available to FHWAs field offices and, through the National Technical Information Service, to the general public.

With funding provided by FHWA, NHTSA and others, the Transportation Research Board (TRB) initiated a study in June 1986 which focused on the problems that may inhibit the safety and mobility of older drivers and pedestrians on the nation's roads. Researchers examined available data, evaluated public policy questions and recommended improvements. They identified promising areas for continued research concerning the traffic needs of elderly persons and recommended procedures for meeting those needs. They also recommended promising measures to improve highways, vehicles and licensing of vehicles. Copies of the study report entitled "Improving Mobility and Safety for Older People" are available through TRB.

"Traffic Control Design Elements for Accommodating Drivers With Diminished Capability" is the title of a study that will determine if drivers with diminished capability are being adequately accommodated by the current generation of traffic control devices, and whether the special needs of these motorists are being met by traffic control design criteria. It is expected that recommendations for meeting these needs will be developed. The project is scheduled to be completed in the winter of 1989.

Early in 1989, FHWA expects to initiate a study entitled "Traffic Maneuver Problems of Drivers with Diminished Capability." The study will be part of a national research program area on "Improved Highway Travel for an Aging Population." It will be a major contribution to the objective of identifying, developing, and evaluating engineering enhancements to the highway system to meet the needs of older users. This study will identify driving maneuvers that are most affected by the diminished capacity of advanced age. With this data in hand, it will be possible to determine the effects on traffic operations and highway safety so countermeasures can be suggested.

Section 203(d) of the Surface Transportation and Uniform Relocation Assistance Act of 1987 authorizes a pilot program of highway safety improvements to enhance the safety and mobility of older drivers. Arizona, Florida and Nevada are implementing pilot projects in response to FHWA's encouragement of such projects.

### *National Highway Traffic Safety Administration*

The agency recently completed a comprehensive plan for improving the safety of older persons titled, "NHTSA's Traffic Safety Plan for Older Persons." The plan covers both behavioral and vehicle countermeasures, with projects having the potential for both near term and longer term effect on the issue. It includes projects in the areas of problem identification, occupant protection, driver licensing, pedestrian safety, consumer information, and vehicle safety.

"Traffic Safety Plan for Older Persons" is the title of a NHTSA publication which incorporates the agency's response to the recommendations of the TRB report entitled "Improving the Safety and Mobility of Older Persons" mentioned previously. The safety plan responds to findings from internal planning efforts as well as other work on the safety of older persons.

### *Research and Special Programs Administration*

The Department's Transportation Systems Center (TSC) of the Research and Special Programs Administration has compiled operational data on the Greyhound Rural Connection Program which permits operators of rural van services to transport passengers to and from Greyhound terminals and to be reimbursed for their services. The program has the potential of providing an incentive for increased levels of van service in rural areas which serve primarily persons who are elderly, disabled and/or transportation disadvantaged. TSC staff members were invited speakers at the Eastern Regional Symposium on Rural Intercity Passenger Transportation held in April 1988.

TSC conducted several activities designed to facilitate and ensure improved safety for elderly and disabled patrons of rail transit systems. One study involved a review of existing "tactile warning" technologies. Tactile warnings involve a change in station platform texture to alert visually impaired patrons, many of whom are older Americans, to the potential hazards of nearby platform edges.

System safety seminars are being developed by TSC to provide training for operators of specialized and rural transportation systems. These seminars will address safety issues affecting the transport of elderly and disabled passengers such as their inability to move themselves and the use of specialized equipment which may trap them in an accident. TSC will be able to have significant effect on this important component of the nation's transportation system by providing safety instructions to key personnel in transit companies.

TSC is preparing emergency preparedness guidelines for use in accidents and other contingencies by operators of specialized and rural transportation systems.

The Transportation Safety Institute (TSI) provided materials and training courses in passenger assistance techniques for 50 transit property instructors. The training was especially designed to aid the elderly and handicapped riders of the nation's public transit systems. Instructors receiving this training represented more than 30 states. The "Driver and Instructor Training in Passenger Assistance Techniques" courses were developed to provide transit vehicle drivers with knowledge and skills to safely and effectively assist elderly and handicapped passengers. The instructor training provided by TSI is designed to provide the states and transit systems with in-house training capability. It also recognizes the ongoing need for training new drivers and providing refresher training for other employees.

During 1988, TSI initiated development of training especially for the nation's special transit and rural transportation systems (STARTS) that will continue into 1989. The training is being developed and conducted for systems that transport elderly and handicapped persons in rural settings as well as urban areas. Topics addressed include improving safety in transit systems, vehicle safety inspections, driver road training, and passenger assistance. The training is provided in a variety of self-contained modules, field seminars, and regional course.

### *Urban Mass Transportation Administration*

The Rural Transit Assistance Program (RTAP), in its second year, was authorized to expend 4.7 million in 1988. The program provides training, technical assistance, research, and related support services for public transportation in rural and small urban areas. UMTA encourages the states, which receive 85 percent of the RTAP funds through formula apportionment, to use RTAP resources to support efforts to coordinate funding for human service and general public transportation. The remaining 15 percent was used to fund a grant to the American Public Works Association to develop training materials and provide technical support for RTAP.

UMTA provided $255,000 to the Louisiana Department of Transportation and Development for a project that will demonstrate the use of a coordinated computerized transit program for elderly and handicapped transit patrons throughout the New Orleans metropolitan area and selected rural parishes.

A $1 million Congressionally mandated multiyear research and demonstration project initiated in 1988 will be carried out by the National Easter Seal Society with UMTA funding assistance. The project will involve national and local organizations representing the transit industry and persons with disabilities in the development and demonstration of a cooperative model which promotes access to appropriate public transportation services for individuals with disabilities. Specifically, the project will include the development and demonstration of cooperative model techniques to identify people with disabilities in the community, to develop outreach and marketing strategies, to develop training programs for transit providers and persons with disabilities and the application of technology to eliminate transportation barriers. Project findings will be disseminated nationally.

## INFORMATION DISSEMINATION

### *National Highway Traffic Safety Administration*

The agency performs highway safety research related to older persons and periodically, relevant findings are presented to the research community. For example, a research paper titled, "Older Drivers: Their Night Fatal Crash Involvement and Risk," was recently presented at the Association for the Advancement of Automotive Medicine's 32nd Annual Conference.

The agency supported the Walk Alert project of the National Safety Council, which resulted in the development of a pamphlet for older adults on the subject of safe walking. In addition, NHTSA continued to work with other national organizations, such as the American Association of Retired Persons and the American Automobile Association, to distribute traffic safety information to older drivers, passengers and pedestrians.

### *Research and Special Programs Administration*

RSPA's Office of Technology Sharing (OTS) continues to identify and disseminate materials to improve transportation services for elderly persons. Many of these products are issued in conjunction with one or more of the DOT operating administrations. For example, OTS reprinted and is now disseminating to transportation planners nationwide a report entitled "Elderly and Disabled Transportation Plan for the Merrimack Valley." The report describes an innovative transportation plan developed by several counties north of Boston, Massachusetts, to assure development of needed transportation for their elderly and disabled citizens.

OTS is currently disseminating a four-volume manual entitled "Mass Transit Management: A Handbook for Small Cities" which describes all facets of small system planning operations. With funds provided by UMTA, the manual was recently updated by Indiana University.

The "Handbook for Management Performance Audits," which describes a standard practice to review and improve system management and operations, has also been revised and is currently being disseminated through the Technology Sharing Program.

Improving the maintenance performance of small and specialized transit systems has been a special emphasis of this year's Technology Sharing activities. For example, Ohio Department of Transportation (ODOT) developed a "Maintenance Manager's Manual for Small Transit Agencies" which includes comprehensive guidance on developing formal systems to assure vehicles are well maintained. In cooperation with ODOT, this report has been made available nationally. In addition, UMTA funded development of a guide to "Bus Fleet Management Principles and Techniques," which includes standard procedures for fleet control maintenance: these can be especially valuable to specialized transportation operators. A series of "Transit Garage Planning Guidelines" is also being made available to operators, including those serving the elderly.

Specialized transportation operators historically have had problems getting low-cost insurance, and are particularly concerned about assuring the safety of the clients who use their services. To help in these areas, UMTA funded the development of a standard handbook on risk management for transit properties. The "Risk Management Manual for the Transit Industry" is now complete and has been printed by OTS for national distribution. Several other Technology Sharing documents focused on alternative means of providing services to elderly or disabled persons. The report "Expanding the Use of Private Sector Providers in Rural, Small Urban and Suburban Areas" includes several case studies of innovative services, including one run by the local chapter of the American Assocation of Retired Persons in Canon City, Colorado. Another document, "Evaluation of the Specialized, Volunteer Transportation Program of the Area IV Agency on Aging and Community Service," provides a detailed description of a successful volunteer-based system operating near Lafayette, Indiana.

The documents noted above are being disseminated to state and local operators, planners, officials, etc. and are also being made available at a variety of seminars and conferences on transportation for the elderly. These included the recent 11th National Conference on Specialized Transportation, sponsored by the Transportation Research Board and Florida State University.

In addition to its research dissemination activities, the OTS also works with the Department's Research and Development (R&D) managers to coordinate technology development programs throughout the DOT. This is done both informally, and through the formal mechanism of R&D Coordination Council. The deliberations of the council have highlighted the potential of "active highway" or "smart car" concepts to revolutionize much of personal transportation. Implementation of such concepts could contribute to making it safer for elderly drivers who use the highway system. The Council will continue to monitor the evolution of the "smart car" and other en-route guidance concepts.

## ITEM 13. DEPARTMENT OF THE TREASURY

DECEMBER 15, 1988.

DEAR CHAIRMAN: I am pleased to submit, for inclusion in *Developments in Aging*, the Treasury's report on the Department's activities during 1988 which affected the aged. I hope our report will be of use to the Special Committee on Aging and others studying the problems faced by older Americans.

Sincerely,

JOHN K. MEAGHER,
*Assistant Secretary*
*(Legislative Affairs).*

Enclosures.

### TREASURY ACTIVITIES IN FISCAL YEAR 1988 AFFECTING THE AGED

The Treasury Department recognizes the importance and the special concerns of older Americans, a group that will comprise an increasing proportion of the population in decades ahead.

The Secretary of the Treasury is Managing Trustee of the social security trust funds. The short- and long-run financial status of these trust funds is presented in annual reports issued by the Trustees. The 1988 reports concluded that Old-Age and Survivors Insurance and Disability Insurance benefits can be paid on time well into the next century. In contrast, the financial outlook for Medicare, in particular Hospital Insurance (or Part A), may become troublesome in the next decade. In this event some Congressional action may be needed in the next several years.

The Treasury Department is the Executive Branch agency responsible for developing the Administration's tax policy proposals. Based in part on the Department's efforts, the President two years ago signed into law the Tax Reform Act of 1986. Federal individual income taxes for 1987 reflected a partial phase-in of changes made by the Tax Reform Act. Federal individual income taxes for 1988 reflected the second and final phase-in of most of the changes made by the Tax Reform Act. Most taxpayers, including the elderly, have been affected by Tax Reform Act changes, under which the tax system has been made fairer and income tax burdens have been lowered for most Americans. The elderly are benefitting from almost-doubled personal exemptions, higher standard deductions, and lower tax rates.

Under the Tax Reform Act, taxpayers aged 65 or over (and taxpayers who are blind) are entitled to a larger standard deduction than other taxpayers. This provision replaces the extra personal exemption to which the elderly were entitled prior to 1987. For tax year 1988, each taxpayer who is at least 65 years old and who is single is entitled to an extra $750 standard deduction. Each married taxpayer over 65 is entitled to an extra $600 so that a married couple both over age 65 are entitled to an additional $1,200 standard deduction. Including the extra amounts cited above, taxpayers over age 65 are entitled to the following standard deductions for tax year 1988: $3,750 for a "single" taxpayer; $5,050 for a taxpayer entitled to claim unmarried "head of household" status; $5,600 for a married couple filing a joint tax return, only one of whom is over age 65; and $6,200 for a married couple filing jointly if both are over age 65.

For 1988, the personal exemption increased to $1,950 from $1,900 in 1987. Beginning in 1989, the basic amounts of the standard deduction and personal exemption will be indexed to reflect the effects of inflation. For 1988, tax rates were generally lowered, and most taxpayers pay taxes in only one tax bracket, 15 percent.

The Tax Reform Act retained the other special provisions for elderly taxpayers: the tax credit for the elderly (and permanently disabled); and the one-time exclusion of the first $125,000 of profit from the sale of the personal residence of a taxpayer over age 55.

The Department worked with the Congress in crafting the financing provisions of the Medicare Catastrophic Coverage Act of 1988. The Act, signed into law July 1, 1988, provides for the largest expansion of Medicare benefits since Medicare's inception in 1965. The expanded benefits will be financed in part through a supplemental premium which will be levied on Medicare recipients based on their Federal income tax liability and which will be collected through the Federal income tax system. Supplemental Medicare premiums were not levied for tax year 1988. The elderly will be subject to such premiums for the first time for tax year 1989.

### INTERNAL REVENUE SERVICE ACTIVITIES AFFECTING THE AGED

The Internal Revenue Service (IRS) recognizes the importance and the special concerns of older Americans, a group that will comprise an increasing proportion of the population in the decades ahead. IRS also continues to make special efforts to inform those individuals who, because of immobility, impaired health, or other factors, may miss out on benefits to which they are entitled unless IRS reaches them directly. The major programs in this effort are described below.

—The focus of the *Tax Counseling for the Elderly (TCE) Program* is free, convenient, tax assistance to persons age 60 and older. The IRS enters into cooperative agreements with public and private non-profit organizations (sponsors) whose members will be IRS trained and then act as volunteer tax assistors. Although the service is free to the taxpayer, under the cooperative agreements, volunteers are reimbursed for their out-of-pocket expenses incurred while traveling to community assistance sites or residences for the elderly. In fiscal year 1986, the TCE Program was expanded to include telephone service. Sponsors were given the option to operate telephone answering sites to assist the elderly with tax questions, help with forms and schedule appointments. IRS assistance to older Americans through the TCE program has been growing since the program's inception in 1980 with 32,704 volunteers helping more than 1.3 million persons during fiscal year 1988.

—*Volunteer Income Tax Assistance (VITA) Program* provides tax assistance to targeted groups including the elderly. The IRS trains volunteers who offer their services to taxpayers needing assistance. This service is free to the taxpayer. Many VITA volunteers also helped the elderly in preparing their state and local returns and answered their questions. In addition, volunteers helped elderly taxpayers to compute their estimated tax for the upcoming tax filing season. In 1988, volunteers were trained to help the elderly in applying the Simplified General Rule to calculate taxable and non-taxable pension benefits. During FY 1988, 48,174 volunteers helped more than 970,000 taxpayers.

—*The Small Business Workshop Program* is designed to assist taxpayers with information they may need to begin a business. Although the program is designed for the general public, the elderly can also avail themselves of this service, and do, when beginning second careers. To accomplish the IRS Strategic Initiative to expand tax education of the self-employed, sixteen recommendations are being acted on to implement this initiative. These recommendations are designed to help all self-employed persons, but older self-employed taxpayers will also benefit from them. They include, for example, developing a course for small business on taxes. This course is being conducted as a pilot through 24 community colleges across the country with plans to evaluate and expand it during FY 1989. In 1988, 52,442 small business taxpayers attended 2,017 workshops.

—As part of the *Library Program*, the IRS supplies libraries nationwide with free tax aids such as reproducible tax forms, reference publications, and audiovisual materials on the preparation of Forms 1040, 1040A, 1040EZ and related schedules. The aged may make use of these items at any of the 18,000 participating libraries.

—*The Community Outreach Tax Assistance Program* provides taxpayers with group income tax return preparation assistance and tax information seminars. These seminars are presented by IRS employees and volunteers at community locations. Although directed to lower-income and middle-income taxpayers regardless of age, issues affecting the aged can be addressed at these sessions and frequently are, wherever older Americans are assembled, including senior citizen centers and retirement planning programs. Over one million people attended nearly 18,000 Outreach sessions and seminars in 1988. The new "Tax Tips on Tapes" video for Older Americans should help IRS reach more elderly taxpayers through the Outreach Program.

The Internal Revenue Service issues a large number of taxpayer information materials for dissemination to the media for the public through field offices and national media. These materials which contain specific information for the elderly include

IRS publications, taxpayer information materials, drop-in public service advertisements and tax supplements as described below:

—Publication 910, "Guide to Free Tax Services," describes the free tax services available from the Internal Revenue Service. The publication includes information on free tax publications; toll-free telephone service, including recorded tax information and automated refund information; education programs, such as Small Business Workshops; and films that are available for loans to groups.

—It also contains tips on filing tax returns, information about IRS programs such as electronic tax filing and the Problem Resolution Program, and other information, such as how to check the status of a refund. A list of toll-free phone numbers, Tele-Tax phone numbers, subjects, and tape numbers, and instructions for using the Automated Refund Information System are included.

The following are publications that older Americans may order:

—Publication 523, "Tax Information on Selling Your Home," provides that persons 55 years of age or older are allowed a once-in-a-lifetime exclusion of up to $125,000 of the gain on the sale of their personal residence.

—Publication 524, "Credit for the Elderly or Disabled", provides that individuals 65 and over are able to take the Credit for the Elderly or Disabled, reducing taxes owed. In addition, individuals under 65 who retire with a permanent disability and receive taxable income from a public or private employer because of that disability will be eligible for the credit.

—Publication 554, "Tax Information for Older Americans," provides that single taxpayers age 65 and over are not required to file a federal income tax return unless their gross income for the year was $5,700 or more (as compared to $4,950 or more for single taxpayers under age 65). Married taxpayers who could file a joint return are not required to file unless their joint gross income for the year was $9,500 or more if one of the spouses is 65 or over, or $10,100 if both spouses are 65 or over.

—Publication 721, "Comprehensive Tax Guide to U.S. Civil Service Retirement Benefits," and Publication 575, "Pension and Annuity Income" provides information on the tax treatment of retirement income.

—Publication 907, "Tax Information for Handicapped and Disabled Individuals," covers tax issues of particular interest to handicapped and disabled persons and to taxpayers with disabled dependents.

—Publication 915, "Social Security Benefits and Equivalent Railroad Retirement Benefits," assist taxpayers in determining the taxability, if any, of benefits received from Social Security and Tier I Railroad Retirement.

—Publication 934, "Supplemental Medicare Premium," provides information to taxpayers eligible for Medicare Part A benefits. Some eligible taxpayers will have to pay a premium for these benefits. This publication will help taxpayers decide whether they owe the premium, and if so, how much they owe.

All publications are available free of charge. They can be obtained from IRS by using the order forms found in Publication 910, the tax forms packages or by calling the IRS Tax Forms number listed in the telephone directory. Many libraries, banks and post offices stock the most frequently requested forms, schedules, instructions and publications for taxpayers to come in and pick up. In addition, many libraries stock a reference set of IRS publications and a set or reproducible tax forms.

Taxpayers Information materials are continually being developed, updated and distributed to field Public Affairs offices for release to thousands of news media outlets nationwide. Tax subjects covered in these release include;

—Once-in-a-lifetime exclusion or gain on sale of residence.
—Higher standard deduction for 65 and over.
—Federal tax withholding on pension payments.
—IRS cautions senior citizens about fradulent tax schemes.
—Reviewing tax status of pensions, annuities by retirees.
—Special tax advice for senior citizens.
—Retired taxpayers and estimated tax payments.
—Taxability of some social security benefits. (Also in Spanish)
—Tax Counseling for the Elderly. (Also in Spanish)
—Taxpayer assistance. (Also in Spanish)
—VITA. (Also in Spanish)
—Publication 910.
—Availability of free tax help for senior citizens.
—Community Outreach Tax Assistance (Outreach).
—Older Taxpayers' need to file, or not to file, tax returns.
—Medicare catastrophic premium.
—Tax benefits for the handicapped and disabled.

The annual Tax Supplement is prepared and distributed to newspapers across the country. The Tax Supplement contains camera ready articles and graphics designed for immediate use. Some of the articles contain information specifically geared to older taxpayers. In 1988, over 1,050 newspapers printed Tax Supplements during the filing season, reaching approximately 22 million taxpayers.

The IRS uses electronic media, including television, radio, cable, and videotapes to communicate information of interest to the older Americans. Some programs are distributed through electronic media and organizations targeted specifically to the aged.

Important examples of this serivce are noted here.

—The PBS Clinic broadcast on February 7, 1988 and viewed by 4.2 million, contained information of special interest to older Americans. The IRS tax assistance phone lines were staffed during the program so that viewers could call with their tax questions.

—A newly produced series called "Tax Tips on Tapes" contains nineteen 13½ minute films designed to impart tax information to specific groups of taxpayers. One of the tapes provides information relevant to older Americans and is available in Spanish.

—IRS-produced radio and Television call-in programs and panel discussion shows are used to inform older American about tax on pension income, estimated tax, the Credit for the Elderly as well as other topics of interest to older Americans.

—IRS-produced radio and TV vignettes in contemporary, Spanish and country formats, also covered older American issues.

Activities in the area of tax forms development of special interest to older taxpayers in FY 88 include:

—Instructions for Schedule R (Form 1040), "Credit for the Elderly or Disabled," including information regarding the income levels at which taxpayers may not be able to take the credit. This information was included to make it easier for taxpayers to determine if they qualify for the credit.

## OTHER TREASURY ACTIVITIES AFFECTING THE AGED

Other agencies of the Treasury also have an impact on the elderly as part of their specific functions. Developments during 1988 are summarized below.

—The Financial Management Service recognizes that receiving Federal payments on time is critical to a number of older Americans, especially those who may be living on a fixed income. The Service is proud of its one-time delivery rate of 99.994 per cent for all payments issued during fiscal year 1988. The direct Deposit Program is a key factor that allows Financial Management Service to meet its goal of making payments timely. Following is a summary of activities associated with this program:

During 1988, the Financial Management Service promoted the benefits of Direct Deposit/Electronic Funds Transfer by enclosing inserts with recurring benefits checks (e.g. Railroad Retirement, Civil Service Retirement, Social Security, etc.) issued in April and September. The inserts serve as marketing aids to promote the convenience, safety, and reliability of depositing Government payments into personal checking or savings accounts through the use of the Direct Deposit Program.

In May 1988, the Financial Management Service approved new procedures called "Presumed" Direct Deposit. These procedures initiated by the Social Security Administration, permit the agency to process Direct Deposit enrollments in their district offices without using the Direct Deposit Sign-up Form. The Social Security Administration will ask applicants to bring some type of document generated by their financial institution which contains their account number and routing transit number, such as, checks, share drafts, etc., when applying in person for benefits. The agency will also verify Direct Deposit enrollment data, ensure proper identification of the applicant, and enter the information directly into its computers. The first benefit payment will then go by Direct Deposit. While recipients may choose to receive their payment by check, the Social Security Administration will emphasize clearly that Direct Deposit is the preferred method of payment.

The Financial Management Services/Customer Assistance staffs engaged in a number of activities in 1988 that affected the elderly. In January 1988, the Chicago Customer Assistance Staff made a Direct Deposit/Electronic Funds Transfer co-marketing presentation to 13 branch managers and marketing staff of the Talman Bank in Chicago. They have a Seniors Activity Group of 60,000 members.

During May 10–12, 1988, the Chicago Customer Assistance Staff attended and displayed an exhibit at the American Association of Retired Persons National Biennial Convention in Detroit, Michigan. More than 30,000 members were in attendance. Emphasis was placed on Automatic Clearing House initiatives and co-marketing of Direct Deposit/Electronic Funds Transfer. The Staff also handed out over 22,000 pieces of literature/brouchures and personally contacted close to 9,000 people.

During June 17–9, 1988, the San Francisco Customer Assistance Staff set-up a Direct Deposit booth at the Seniors Exposition Fair in Las Vegas, Nevada.

During August 1988, the Washington Customer Assistance Staff assisted the Governors of the state of Virginia and West Virginia in contacting Senior Citizens organizations for the purpose of promoting Direct Deposit to Senior Citizens.

In August 1988, the Chicago Customer Assistance Staff displayed an exhibit at the Wisconsin State Fair on Senior's Day. The exhibit attracted several thousands visitors to the exhibition booth, which gave the staff an opportunity to distribute 5,000 brochures and other literature on Direct Deposit.

The Chicago Customer Assistance Staff also displayed an exhibit at the Illinois State Fair at the Senior's Center. Over a 10 day period, the staff contacted 1,200 people and passed out 12,000 pieces of Direct Deposit promotional materials.

In September 1988, the Washington Customer Assistance Staff wrote an article on Direct Deposit to be published in the Potomac Electric Power Company Senior Citizen Newsletter.

The Washington Customer Assistance Staff also sent 5,000 brochures to the Virginia Department on Aging. The brochures were handed out at the State Fair and to Seniors during home visits.

During October 23–26, 1988, the Chicago Customer Assistance Staff displayed an exhibit at the Illinois Governor's Convention on Aging. Over 800 individuals who work directly with Seniors and groups representing them were in attendance.

—The U.S. Savings Bonds Division continues to provide important tax and interest rate information to millions of older Americans by working closely with large national organizations, such as the American Association of Retired Persons, Veterans of Foreign Wars, and many other service and civic groups. In addition, the Division provides a toll-free information service (1–800–US BONDS) making it easier for the elderly to get current information and assistance. In FY 1988, more than 350,000 callers were served. Also in FY 1988, the Division conducted a telemarketing test using credit cards and a direct mail order effort via IRS refund checks which together resulted in Bond sales of $11.1 million. In FY 1989, the Saving Bonds Division will continue to explore additional ways to provide information and market Bonds more conveniently, especially to the growing and more affluent seniors market.

—In August 1988, the Bureau of the Public Debt provided investors the opportunity to automatically reinvest their maturing Treasury Notes maintained in TREASURY DIRECT. This is accomplished by providing investors with a notice which also serves as a request for reinvestment form. The form can be returned by mail or in person prior to a new note actually being announced. The opportunity to schedule reinvestments in advance is particularly helpful to older investors who may otherwise miss reinvestment opportunities.

In October 1988, the Bureau also enhanced TREASURY DIRECT to allow the Federal Reserve Banks to make inquiries about checks made from the Registered Accounts System. This enhancement provides a quicker response, and delivery of improved services to our investors, many of whom are elderly citizens.

The Public Affairs program in the Bureau undertook a number of activities that affected the elderly. A new general brochure on Treasury securities was published and other brochures on marketable and savings securities were updated. These brochures provide information to all investors, but can be of particular interest to older citizens because they can be sent to the investor rather than requiring a trip to the Bureau or other issuing agent to obtain needed information.

At the request of the American Association of Retired Persons (AARP), the Public Affairs program reviewed and provided comments on AARP's proposed publication on investments for senior citizens.

Advice and assistance were provided by the Public Affairs program to the Bureau's Division of Customer Services to improve correspondence and telephone operations that helped speed response to inquires from the general public, which includes a large number of elderly people.

The Saving Bonds Program within the Bureau of the Public debt also initiated several efforts. During Fiscal Year 1988, savings bond regulations were revised to permit paying agents to redeem bonds upon the request of beneficiaries named in the registration of the securities. This regulatory revision enables surviving beneficiaries to receive redemption proceeds immediately rather than having the requests forwarded to the Federal Reserve Banks for processing.

A project was begun to develop procedures to require the use of electronic deposits for paying interest on newly issued current income bonds (i.e., Series HH). Once implemented, elderly citizens participating in the program will realize the benefit of having their interest payments immediately credited to their account.

The Bureau's Savings Bond Operations Office (SBOO) has begun revising Public debt forms by removing SBOO's name and address as an optional destination for receipt of savings bond transactions, and directing such transactions to the applicable Federal Reserve Banks. This will reduce processing time and will improve service to all bond owners, including elderly citizens.

—The Office of Consumer Affairs continues to serve as the liaison between the Department of the Treasury and individual senior citizens and senior citizen organizations, assisting them in determining which office or department can best answer their questions or help to solve their problems. This Office works with groups concerned with senior citizens and issues that affect the elderly.

—During 1988, the Office of the Comptroller of the Currency (OCC) continued its active liaison with national based organizations including the American Association of Retired Persons to share information about banking related issues. Additionally, during 1988 OCC district offices continued their outreach programs for purposes of contacting and meeting with local consumer and community groups to share information about banking related issues. Organizations representing the elderly were among those contacted.

The OCC continued to enforce the Equal Credit Opportunity Act and Regulation B as part of its responsibility for ensuring a high level of compliance with law by national banks throughout the year. The Equal Credit Opportunity Act is particularly relevant because it prohibits discrimination in credit transactions because of age, provided the applicant has the capacity to enter into a binding contract. Enforcement of the law is carried out during examinations of national banks.

The OCC also is responsible for resolving complaints against national banks. Through the first nine months of 1988, the OCC received over 11,000 complaints. Older Americans seek OCC's assistance in resolving problems with their bank.

—The Treasury Department continued to protect elderly recipients of Government payments through the vigilance of the Secret Service. During fiscal year 1988, the Secret Service closed 60,935 Social Security check forgery cases and 2,536 Supplemental Security Income forgery cases. In addition, the Secret Service closed 4,185 check forgeries involving Veterans' benefits, 1,296 check forgeries involving Railroad Retirement checks, and 12,950 check forgeries involving Internal Revenue Service checks. The majority of these checks were issued to retirees. The forger was identified in ninety percent of all the cases involving check forgery.

The Secret Service also conducted over 11,000 investigations involving attempts by individuals to illegally divert funds during the direct deposit/electronic funds transfer process. Elderly Americans have been encouraged to utilize the electronic transfer process as a matter of convenience and as a safeguard against the loss of funds. The efforts of the Secret Service protect elderly Americans against financial losses during the electronic transfer process.

—In calendar year 1988, the Bureau of Engraving and Printing continued to serve the special needs of the aging employees of the Bureau, and the special needs of those senior citizens that tour the Bureau's visitor center. The Bureau continues to provide CPR training to the tour staff, medical and police units in the event that an emergency involving a senior citizen should occur. Other continuing services include:

—Availability of tour guides to assist those senior citizens with special needs.

—Availability of wheel chairs for those senior citizens touring the facility.

—Ramps and wide entrances for those using wheel chairs or walkers.

—Rest rooms designed to accommodate persons using wheel chairs or walkers.

In addition, the Bureau has undertaken during calendar year 1988 several important initiatives related to training.

The Pre-Retirement Program is for employees over 45 years of age. This program stresses that successful employee retirement requires advance planning while still working. The program is offered to employees that will retire within the next 5 years and covers information related to: calculation of benefits, financial planning, discovering hidden talents, legal affairs, relationships, and health.

The increased emphasis placed on aging workers has resulted in a work force which has become more sensitive to the special needs and concerns of bureau senior citizens.

—Bureaus are expanding their pre-retirement planning seminar programs. The seminars, which are offered to employees nearing retirement, generally include information on retirement and other Federal benefits; health and fitness; retirement housing; retirement investments; taxes (individual and estate); and other topics of interest to older persons.

Dependent care, a term which generally connotes the need for adequate care for a worker's dependents, has become an issue of interest within Treasury. Dependent care includes not only daycare for children, but also some degree of custodial care for elderly dependents who are incapable of fully independent living. Bureau Employee Assistance Program staffs are learning more about the problems associated with dependent care needs and are identifying appropriate community support services to assist employees with such concerns.

The Federal Employees' Part-Time Career Employment Act of 1979 continues to provide employment opportunities for older Americans, as well as other groups interested in less than full-time employment. Older Americans are a special target group for recruitment efforts to fill positions created under the Act.

—The Customs Service does not specifically target the aged for expedited customs processing. However, the aged are included among those who are entitled to request special treatment when they arrive from abroad. Besides the elderly, that group includes persons who are handicapped or ill and are unable to wait in line, a parent arriving with several infants, and person returning home for emergency reasons such as a death in the family. Any traveler meeting any of the above criteria may request to speak with a customs supervisor as soon as he or she arrives in the Customs area of the airport or other Customs port of arrival. The supervisor will provide all possible assistance in expediting the traveler's Customs clearance without, of course, compromising Customs enforcement responsibilities.

In addition, Customs works with the General Services Administration and local port authorities to insure that inspection facilities, including restrooms, permit the easy movement of persons who must use a wheelchair or walker.

Customs places a high priority on the tactful and courteous treatment of travelers. Although that policy is not limited to our treatment of the elderly, it may be of particular importance to people who have found it difficult to undergo a long, tiring flight from overseas and then must undergo immigration and customs processing.

## ITEM 14. ACTION

November 23, 1988.

Dear Chairman Melcher: Thank you for your September 21, 1988 letter requesting ACTIONS's report on our 1988 accomplishments for the next issue of *Developments in Aging.*

We are pleased to enclose our report on ACTION's three Older American Volunteer Programs—the Foster Grandparent Program, the Senior Campanion Program and the Retired Senior Volunteer Program. This year has been particularly challenging as increasing numbers of volunteers have responded to several of our nation's more serious problems. From working in the critical area of drug abuse prevention, to reducing illiteracy to providing vital respite services to family caregivers, volunteers have again demonstrated that personal giving of time, talent and caring can make a difference in our communities.

Again, thank you for the opportunity to share the achievements of over 425,000 older persons serving in these outstanding programs.

Sincerely,

Donna M. Alvarado.

## FOSTER GRANDPARENT PROGRAM IN FY 1988

The Foster Grandparent Program (FGP) is one of the most successful and respected volunteer efforts in the United States. Through FGP, low-income persons aged 60 and older provide person-to-person service to children with special or exceptional needs. The program's budget for fiscal year 1988 was $57.4 million.

In fiscal year 1988, there were 252 ACTION-funded FGP projects in all 50 States, the District of Columbia, Puerto Rico and the Virgin Islands. In addition, there were 12 projects totally supported by State funds. Program services are now provided in some 685 counties nationwide.

Some 26,000 volunteers constributed 20.9 million hours assisting children suffering from various handicaps, including; abuse and neglect, behavior disorders, teen pregnancy, substance abuse, mental retardation, specific learning disability, and juvenile delinquency.

Foster Grandparents assist approximately 68,500 children every day. They serve 4 hours a day, 5 days a week. The program provides certain direct benefits to these low-income volunteers, including a stipend of $2.20 per hour, transportation and meal assistance when needed, insurance protection, and an annual physical examination. Foster Grandparent services are provided through designated volunteer stations in public agencies and private nonprofit organizations. They include; schools, hospitals, juvenile detention centers, Head Start programs, shelters for neglected children, State schools for the mentally retarded, and drug abuse rehabilitation centers.

### PROJECT EXAMPLES

In Salt Lake City, Utah, Foster Grandparents are placed in the Adolescent Residential Treatment and Education Center. ARTEC is a psychiatrically oriented residential program for emotionally disturbed and delinquent adolescents administered by Salt Lake Valley Mental Health, Inc., a private nonprofit corporation. Particular emphasis is placed on serving the hard-to-place adolescent in need of a highly structured therapeutic and educational program. The program presently serves about 94 adolescents ranging in age from 12 to 18 years. These adolescents are juvenile offenders who have been in trouble with the law and/or have conduct disorders with accompanying severe emotional problems.

The Foster Grandparents serve as role models to these troubled youth many of whom may have had little previous interaction with older person other than parents. The Foster Grandparents, with their values, background and wealth of experience are a stabilizing force to the young person as the two share experiences. Through interaction with older persons the young person will alleviate or lessen their poor self-esteem; benefit intellectually from tutoring and assistance with school work; and develop and improve social skills (including grooming habits, manners, and improved speech). The Foster Grandparents also help the youth cope with life in the ARTEC environment and help prepare them for life after their release from the program. Experience with other youth has demonstrated that an older adult is often less threatening to the youth than a young adult; the young adult is frequently viewed by the youth as a parental figure.

In Jackson, MS, Foster Grandparents are placed in the Hinds County Shelter for Battered Families, a protective residential center for battered women and their children. The shelter is sponsored by Catholic Charities. Six Foster Grandparents serve at the shelter. They work with children in a day care setting. Often the children have been victims of abuse and neglect as well as their mothers. They often suffer emotional difficulties as a result of their violent and unstable home environment. Foster Grandparents are able to provide support and attention that the children's mothers are unable to provide due to their own emotional upheaval. Six Foster Grandparents serve at the center, two in the morning and four in the afternoon, 5 days a week.

In Binghamton, NY Foster Grandparents are placed with the Binghamton Psychiatric Center. They assist in the child's cognitive development under teachers' supervision. Foster Grandparents are given the opportunity to present their life experience as part of an American History class; they tutor and reinforce instructions. Most of the residents are drug abusers, usually PCP. Foster Grandparents are involved with reinforcing behavior modification activities and discuss the negative effects of drug abuses. A Foster Grandparents who was quite a "hell-raiser" in his youth, communicates with the young people. He seems to have a capacity to work through severe problems and can relate to the youth.

### NEW PROGRAMMING INITIATIVES

#### *At-Risk Children*

A new programming initiative begun in Fiscal Year 1987 was expanded in Fiscal Year 1988 to promote the development and expansion of Foster Grandparent services to at-risk children. The targeted group is made up of children who are vulnerable to problems such as: substance abuse, child abuse, teenage pregnancy, runaways, juvenile delinquency, or dropping out of school.

To accomplish this goal, 14 existing FGP projects (in addition to 32 funded in Fiscal Year 1987), were awarded challenge grants in Fiscal Year 1988 to establish special components that serve to address at-risk children. These projects are challenged to generate enough non-ACTION funding to support the components when ACTION funds are withdrawn at the end of the third year.

#### *Non-Stipended Volunteers*

FGP began implementing its new legislative authority to enroll non-stipended volunteers under certain circumstances. This mandate allows volunteers who do not meet the low-income criteria to participate in a non-stipended capacity. Final regulations were published in *Federal Register* on August 26, 1987.

### NON-ACTION FUNDING

Some $23 million in non-ACTION funding was contributed to support FGP project operations. About $14 million came from 49 State governments, either through direct appropriations or contributions from state-funded agencies. The balance of $9 million was from county/city governments and private sector sources.

Total non-ACTION project funds represented approximately 40 percent of the total Federal appropriation for FGP in Fiscal Year 1988. This funding has enabled FGP to expand services to about 7,000 children and increase volunteer participation by nearly 2,000 beyond the Federal allotment. This represents close to 2 million hours of volunteer service totally supported by non-ACTION moneys.

Twelve non-ACTION funded FGP projects are operating in the country today: Seven in Michigan, one in Wisconsin, two in New Mexico, and two in Georgia.

#### *Numbers and Characteristics of FGP Volunteers*

[Distribution]

| | *Percent* |
|---|---|
| By sex: | |
| Female | 87 |
| Male | 13 |
| By residence: | |
| Urban | 57 |
| Rural | 43 |
| By ethnic group: | |
| White | 55 |
| Black | 33 |
| Hispanic | 8 |
| Asian | 2 |
| Native American | 2 |
| By age: | |
| 60 to 69 | 39 |
| 70 to 79 | 49 |
| 80 to 84 | 9 |
| 85 and over | 3 |

Foster Grandparents with Handicaps: 9 percent.

Characteristics of children served by Foster Grandparents and volunteer stations.

| | *Percent* |
|---|---|
| Age of children: | |
| 0 to 5 | 32 |
| 6 to 14 | 39 |
| 15 to 20 | 24 |
| 21 plus | 5 |

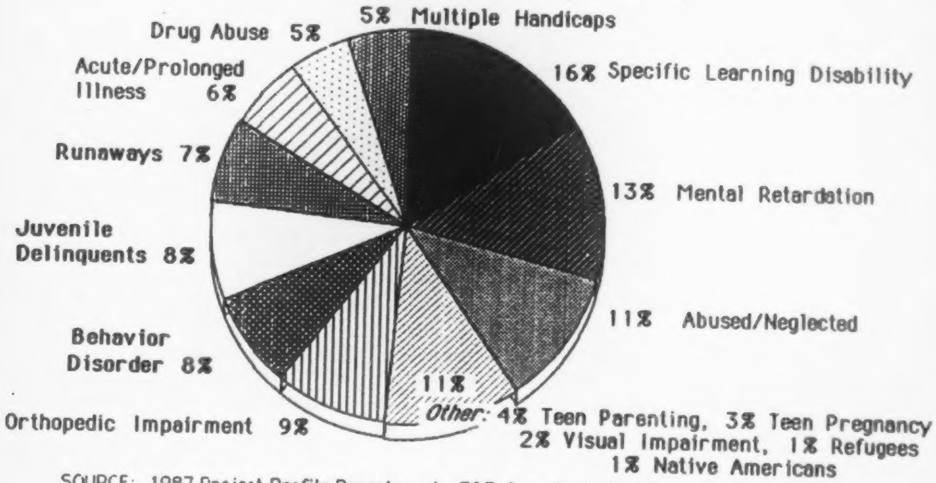
Types of children served by FGP projects in both residential and non-residential settings:

| | Percent |
|---|---|
| Specific learning disability | 16 |
| Mental retardation | 13 |
| Abuse/neglected | 11 |
| Other [1] | 11 |
| Orthopedic impaired | 9 |
| Behavior disorder | 8 |
| Juvenile delinquent | 8 |
| Runaways | 7 |
| Acute/prolonged illness | 6 |
| Substance abuse | 5 |
| Multiple handicapped | 5 |

[1] Teen parents (4%), Teen pregnancy (3%), Visually impaired (2%), Refugees (1%), Native Americans (1%)

Foster Grandparent Program

Types of Children Served by FGP Projects (National)



SOURCE: 1987 Project Profile Reports and a 70% Sample of 1988 Project Station Summaries.

### RETIRED SENIOR VOLUNTEER PROGRAM

In Fiscal Year 1988, with a budget of $30.6 million, the Retired Senior Volunteer Program (RSVP) completed its 17th successful year. There were 750 projects and 397,500 volunteers assigned to 43,000 community agencies nationwide. RSVP volunteers serve in courts, schools, museums, libraries, hospices, hospitals, nursing homes, and a wide range of other public and private nonprofit organizations. Volunteers serve without compensation, but may be reimbursed for, or provided with, transportation and other out-of-pocket expenses. All volunteers are covered by appropriate accident and liability insurance coverage.

The program continues to expand its efforts to match resources to the diverse needs of hundreds of American communities by providing increased opportunities for retired persons aged 60 and older to serve their communities on a regular basis in a variety of settings.

Based on the minimum wage, RSVP volunteers' aggregate 72,300,000 hours of service have an estimated value of $242 million—a return of more than $8 for each $1 of taxpayers' money.

ACTION's current RSVP projects emphasize management assistance, literacy, substance abuse, in-home care, consumer education, crime prevention and intergenerational assistance.

### PROJECT EXAMPLES

In an attempt to provide support service to "homeless" people residing in motels/hotels, RSVP in Queens, New York developed a clothing collection project. Senior centers, housing developments, hospitals, churches, etc., that demonstrated a desire to participate in assisting "homeless" people and families were designated as clothing collection depots. Cartons were provided with requests for useable clean clothing. Volunteers were recruited for each depot to prepare and circulate flyers advertising the site of clothing collection.

The volunteers sort and pack donated clothing in large plastic bags and follow through on the distribution process. Six clothing collection sites were matched with six nearby motels/hotels to receive the clothing. Follow-up clothing distribution to identified motels/hotels is done by volunteers who contact designated professional staff at each site. HRA crisis intervention workers distribute clothing according to size, sex, and need of the population.

The number of "homeless" people multiply in New York City on a daily basis. They are young males and females, senior citizens, families and children of all ages who may have fled with only the clothing on their backs.

Since the development of the project, RSVP volunteers have made it possible to distribute hundreds of articles of useable clothing throughout the calendar year.

The Retired Senior Volunteer Program of Rock County, Wisconsin and the Just Say No Foundation are participating in an intergenerational demonstration effort involving the RSVP Volunteers and Just Say No Club members. Just Say No Club membership is open to all fourth, fifth, and sixth graders who pledge to "Just Say No" to alcohol, tobacco, and illegal drugs.

Volunteers serve as Instructors of Interest Groups for the Hacket School Just Say No Club. The project provides healthy alternatives for leisure activities for the club members. Hobbies and skills that are taught by the volunteers include: cooking and baking, needlework, stamp collecting, knitting, and arts and crafts.

## CHALLENGE GRANTS

ACTION/RSVP awarded 20 one-year $5,000 challenge grants to:

—The RSVP Intergenerational Library Assistance Project, established under an agreement between ACTION and the National Commission on Libraries and Information Science, will place 300 RSVP volunteers in 14 projects to assist public library staffs provide current services and plan new activities for children and youth who are using the library after school in increasing numbers. Working together in drama, music, travel, arts and crafts, and computer programs, as well as one-to-one assistance in homework, will promote positive intergenerational relationships between the children and the RSVP volunteers.

—3 RSVP projects to provide in-home volunteer service to veterans through Veterans Administration Medical Centers. The demonstrations were implemented by the Interagency Agreement between ACTION and the Veterans Administration of June 23, 1988.

—3 RSVP projects for demonstrations with the Big Brothers organization and in the areas of elder abuse and unattended children in places other than libraries.

The projects will endeavor to continue volunteer service in the second and subsequent years through community funding.

## PUBLIC PRIVATE PARTNERSHIPS

### *JSN foundation*

In Fiscal Year 1987, ACTION/RSVP began a partnership with the Just Say No Foundation (JSN) for the purpose of involving RSVP projects in anti-drug activities. In 1988, nine local RSVP projects received seed grants for intergenerational activities with a variety of JSN clubs. Just Say No will develop easily replicated intergenerational program model(s), appropriate for all RSVP projects and other senior organizations.

## LITERACY

This year ACTION concluded the National RSVP Literacy Project, a public/private partnership with the Dayton Hudson Foundation (formerly B. Dalton Bookseller), Laubach Literacy Action and the National Association of RSVP Directors. Both ACTION and Dayton Hudson provided funding to Laubach for the purpose of stimulating RSVP involvement in adult literacy.

During the 3-year period of the project, Laubach competitively awarded seed grants ranging from $2,000-$5,000 to 71 RSVP projects throughout the country. Those projects generated RSVP volunteer tutors for adult learners and placed volunteers in other literacy roles such as student recruitment, public awareness building and administrative support.

Additionally, Laubach provided technical assistance to all RSVP projects interested in adult literacy through its National RSVP Literacy Network. Over 64 percent of all RSVP projects have chosen to participate in the Network and receive information pertinent to adult literacy. In this regard, Laubach produced a 14-minute video, "Making A Difference", about the scope of RSVP literacy activity; wrote a *Literacy Guidebook for the National RSVP Literacy Project*, a document which draws upon the problem-solving experiences of RSVP project directions themselves in working in this difficult area; and updated the *National Literacy Resource Directory for RSVP Project Recruitment.*

PROMPT, Putting Retired Older Men and Placements Together, supported by ACTION, the Exxon Corporation and the National Association of RSVP Directors, concluded its demonstration in 1988. A final report will be available in fiscal year 1989 on the results of the demonstration in which 13 RSVP projects participated. The preliminary draft report states approximately 1,050 volunteers were placed and that most projects have secured funding from the community to continue Project PROMPT.

### NON-ACTION SUPPORT

Projects have successfully generated non-ACTION resources to help expand and improve volunteer services. RSVP sponsors, their advisory councils and staff, have used imaginative and varied approaches to attract cash and in-kind contributions. RSVP's total non-ACTION support was $27.11 million by the start of calendar year 1988, an increase of 9.1 percent from the previous year. Compared with RSVP's ACTION funding of $30.6 million, non-ACTION support was equal to 88.6 percent.

### PRIVATE SECTOR FUNDING

Forty-six percent of RSVP's non-ACTION funds comes from the local private sector. Private resources generated by RSVP projects totaled $12.4 million nationally for 1987. This reflects an increase of 91.5 percent in annual private support for the previous 5 years.

Much of this private support comes through the nonprofit community sector. United Way organizations now provide annual allocations to RSVP projects in 325 localities totaling $3.2 million. Other case and in-kind resources are provided by a myriad of community service, civic, and religious organizations, as well as through local fundraising events.

Approximately $1.5 million of RSVP's total private support comes directly from the business and corporate sectors. This has increased each year and represents over 5 percent of RSVP's total non-ACTION support.

### PUBLIC SECTOR FUNDING

RSVP generates a significant portion of its non-ACTION support in cash and in-kind from the community where it operates in a "funding partnership" with that community. For example:

—Almost 36 percent of RSVP's non-ACTION funding comes through city/county governments. This category includes other Federal funds administered at the local level.

—As of January 1988, 34 States appropriated funds in their budgets for RSVP, 12 more States than in 1983. These earmarked State funds equal about $4 million. All funding through State governments account for 19 percent of RSVP's non-ACTION support.

*Numbers of characteristics of RSVP volunteers*

| | *Percent* |
|---|---|
| Distribution by sex: | |
| Male | 23 |
| Female | 77 |
| Distribution by age: | |
| 60–79 | 35 |
| 70–79 | 47 |
| 80 and over | 18 |
| Distribution by ethnic group: | |
| White | 83.2 |
| Black | 11.4 |
| Hispanic | 3.7 |
| Asian/Pacific Islander | 1.2 |
| American Indian or Alaskan Native | 0.5 |

## SENIOR COMPANION PROGRAM

The Senior Companion Program (SCP) offers person-to-person volunteer opportunities for low-income Americans aged 60 and older. The Companions provide personal assistance and peer support, primarily to older adults. Clients served by Companions are chronically homebound with physical and mental health limitations and at risk of institutionalization. Senior Companions strengthen their clients' capacity to live independently in the community. They also ease the transition from institutions back into the community. The volunteers serve through a variety of health and social service organizations designated as volunteer stations. Companions receive $2.20 hourly stipend and serve 20-hours per week.

The program's appropriation for fiscal year 1988 was $23.1 million, funding 140 projects and 7,000 volunteer service years nationwide. Senior Companions contributed approximately 7.3 million hours assisting approximately 21,000 homebound clients. In fiscal year 1988, 29 non-ACTION funding projects in 10 States supported 2,150 Companions and served approximately 6,500 clients. The 44 new Senior Companion grants which were awarded in fiscal year 1988 will add approximately 1,868 volunteers when they become fully annualized at $6.2 million in fiscal year 1989. These projects focus volunteer resources on assistance to the homebound elderly providing a wide array of person-to-person services including peer counseling, household management, exercise and recreation activities, nutrition assistance and monitoring of health status.

### PROJECT EXAMPLES

In Houston, Texas, Carrie Williams, 63, provides Alzheimer's respite care to an older couple through a public/private partnership program between ACTION and the local Alzheimer's Disease and Related Disorders Association (ADRDA) Chapter.

Through the Sheltering Arms SCP, caregiving is directed to a 66 year old woman who has had Alzheimer's Disease for 5 years. Ms. Williams assists with feeding, dressing, and toileting. Her client's daughter reports Ms. Williams has reduced episodes of night wandering and agitation. The program has enabled the victim's husband to resume his interest in gardening and enroll in caregivers' training provided by the ADRDA Chapter.

The daughter describes SCP as a godsend: "Before Ms. Willams' arrival, my father's needs for respite care had increased beyond his coping successfully. My mother looks forward to Ms. Williams visits. Her smile and somewhat diluted excitement as she claps her hands speaks for itself."

On the Blackfeet Indian Reservation in Heart Butte, MT, a Senior Companion drives 66 miles a week to assist a totally blind woman, 78, and her frail husband, 83.

For 6 months Ruth Hall, 63, has visited the Kuka family three times a week delivering prepared meals, shopping, assisting with light housekeeping and accompanying the family to doctors appointments. Ms. Hall reinforces self-help skills provided to Ms. Koka by the Visual Services Division of the State Department of Social and Rehabilitative Services. She has devised a clothing identification system, assists with sewing (threading needle) and implements a variety of sited guide techniques that enhance independent living.

### SCP EVALUATION

A 3-year evaluation of the 19 fiscal year 1985 Senior Companion home-bound elderly projects prepared in August by Research Triangle Institute of Durham, NC, concluded that SCP proved to be a relatively low-cost means of providing some of the needed services to the frail elderly that enables them to live at home. Also, volunteers participating in the program expressed higher levels of perceived health status than control group members. The study cited companionship and social interactions as the most important elements of the relationship between Senior Companions and their clients.

### SCP/ADRDA PARTNERSHIP GRANT

In fiscal year 1988, ACTION awarded the Alzheimer's Disease and Related Disorders Association (ADRDA) a second 2-year Partnership Grant of $196,942 to operate four Alzheimer's respite care projects, nationwide.

The ADRDA national office, in consultation with ACTION/OAVP, plans to award sub-grants to Senior Companion Projects in Salt Lake City, UT, San Bernardino, CA, Minneapolis, MN, and Denver, CO. They are located in communities with ADRDA chapters that have the capacity to fund and manage Alzheimer's components in the third year of the program. The grant will support 20 Companions who will provide respite care for the families of Alzheimer's patients. The chapters will assist in training the Companions and selecting clients.

### VETERANS CHALLENGE GRANTS

Six 2-year grants of $35,000 each were awarded under the SCP Veterans Challenge Grant Program to SCP projects in Baltimore, MD; Wichita, KS; Oklahoma City, OK; Omaha, NE; Las Vegas, NV; and Anchorage, AK. They were authorized by an Interagency Agreement between ACTION and the Veterans Administration signed in June 1988. The program is designed to establish a public-private partnership among ACTION, the Veterans Administration and veterans' service organizations to provide in-home care to veterans discharged from VA medical centers. ACTION will provide funding for 2 years. Funding for the third and subsequent years will be continued by veterans service organizations or other community resources.

### NON-ACTION FUNDING

Over a 5-year period, non-ACTION funding support through State, and local government agencies and from the private sector grew from $4.4 million in 1983 to $10.7 million in 1987. This is equivalent to 60 percent of the fiscal year 1987 ACTION funds allocated to SCP projects. Some examples:

—In fiscal year 1987, businesses and individuals contributed $155,000 to the Alaska statewide SCP project sponsored by the Captain Cook Jaycees Community Services program.

—The Montana Visual Services Division of the State Department of Social and Rehabilitative Services awarded the SCP of Helena $160,000 to provide supportive services to older visually impaired persons.

—The United Way of Fargo, ND, gave the local SCP program $25,000 to continue their effort to help the home-bound elderly.

*Numbers and Characteristics of SCP Volunteers*

| | *Percent* |
|---|---|
| Distribution by age: | |
| 60 to 69 | 47 |
| 70 to 79 | 45 |
| 80 to 84 | 7 |
| 85 plus | 1 |
| Clients by age: | |
| 75 plus | 53 |
| 60 to 74 | 34 |
| 46 to 59 | 6 |
| 22 to 45 | 7 |
| Ethnic groups: | |
| White/other | 58 |
| Black | 30 |
| Hispanic | 7 |
| Asian | 3 |
| Native American | 2 |
| Distribution by sex: | |
| Famale | 84 |
| Male | 16 |

## ITEM 15. COMMISSION ON CIVIL RIGHTS

DECEMBER 6, 1988.

DEAR MR. CHAIRMAN: In response to your letter of September 21, 1988, I am pleased to submit an annual report of the U.S. Commission on Civil Rights' activities concerning older Americans.

In fiscal year 1988, the Commission conducted no major projects at the national level concerning age discrimination against older Americans. However, several of the Commission's State Advisory Committees held forms which addressed this issue, at least in part (see enclosure).

Currently the Commission has scheduled no major projects relating to age discrimination for fiscal year 1989. However, several State Advisory Committees will continue to review problems of discrimination against older Americans, and forums in Vermont, Arkansas, and Arizona are planned specifically to discuss the issue of age discrimination (see enclosure).

If you have any questions regarding this report, please contact my office at (202) 523-5571.

Sincerely,

William B. Allen,
*Chairman.*

Enclosure.

## Fiscal 1989 Activities: Developments in Aging

The Commission continued to process complaints regarding discrimination on the basis of, among other things, age. Typically such complaints are referred to the U.S. Equal Employment Opportunity Commission as appropriate. A number of the Commission's State Advisory Committees (SAC) dealt with age discrimination directly:

### KENTUCKY ADVISORY COMMITTEE

At a June 1987 community forum the Kentucky SAC received information regarding emplyment discrimination against older Americans. A draft report has been prepared based on the information received at that forum and will be considered by the Commissioners later this fiscal year.

### ARKANSAS ADVISORY COMMITTEE

On July 21, 1988, the SAC held a meeting in Little Rock, Arkansas. The Committee was briefed by government officials and organizational representatives on programs, problems and issues concerning older Americans in the state.

### HAWAII ADVISORY COMMITTEE

The Hawaii SAC conducted a forum on the status of implementation of the Hawaiian Home Commission Act of 1920. Most of the intended beneficiaries are elderly, and allegations were made that many will not live to receive benefits.

### OKLAHOMA ADVISORY COMMITTEE

The Oklahoma SAC conducted a forum on Native American civil rights issues. Several persons alleged that funds for urban Indian health programs were being cut significantly, affecting many elderly urban Indians adversely as a result.

### DELAWARE ADVISORY COMMITTEE

The Delaware SAC produced a report titled, *Delaware Nutrition Services for Minority Elderly; Census Data and Hispanic Elderly, State Grants-in-Aid.* The report examines the status of the minority elderly in terms of a 1986 review by the Office of Civil Rights of the U.S. Department of Health and Human Services, the limitations of Census Bureau data regarding the Hispanic elderly, and projects funded wholly by the State of Delaware's Grant-in-Aid program.

## Planned Fiscal Year 1989: Developments in Aging

The Arizona SAC is committed to holding a community forum late in fiscal year 1989, concerning the problems of the senior citizens housing facilities.

The Vermont SAC will hold a forum to determine whether there are compulsive early retirement programs in the State.

The July 21, 1988 Arkansas SAC meeting held in Little Rock resulted in a follow-up forum to be conducted during December 1988. The purpose of the forum is to receive information that will identify areas of discrimination against older Americans in the State.

## Consumer Product Safety Commission Report on Activities Related to Safety for Older Consumers

The Consumer Product Safety Act (Public Law 92-573) was enacted in 1972 in recognition of the need for Federal regulation to ensure safer consumer products. The Act established the Consumer Product Safety Commission (CPSC) and charged it with the mission of reducing the number and severity of consumer product-related injuries, illnesses and deaths. An amendment to the Consumer Product Safety Act requires the Commission to "consider and take into account the special needs of the elderly and handicapped to determine the extent to which such persons may be adversely affected by (a consumer product safety) rule."

Our activities, including injury-data collection, research studies, standards development, and information and education programs, are not directed solely to programs for the benefit of our older Americans. However, improving product safety for the elderly is an important continuing objective of the CPSC. While none of the laws administered by the CPSC apply solely to the elderly, the Commission recognized that the elderly are particularly vulnerable to injuries associated with various consumer products, including bathtubs, showers, floors, stairs, unvented gas space heaters, upholstered furniture, and flammable clothing.

### INJURY DATA COLLECTION

The Commission's primary source of information on product-related injuries is the National Electronic Injury Surveillance System (NEISS). The NEISS is a statistically selected set of hospital emergency rooms located throughout the country which provide to the Commission, on a daily basis, data on product-related injuries treated in those emergency rooms. The Commission estimates that 659,000 persons 65 years of age or older were treated for product-related injuries in hospital emergency rooms in the United States and the U.S. Territories in calendar year 1987. The elderly were hospitalized for these injuries at a much higher rate (18 percent) than the population as a whole (4 percent). Injuries associated with stairs, steps, floors, or flooring materials were suffered most frequently by the elderly. Other major product categories associated with injuries which particularly affect the elderly are those most commonly found in and around the home, including chairs, beds, doors, ladders, bathtub and shower structures, knives, rugs and carpets, and flammable clothing.

### RECOGNITION OF SPECIAL POPULATION GROUPS

The Commission recognizes that many products used by the total population of consumers may present special problems for the elderly. The elderly, therefore, comprise a group which the Commission focuses on, as a matter of policy, in carrying out its mission to reduce the unreasonable risk of injury from consumer products.

The Commission has formally recognized the unique needs of the elderly and other special population groups in selecting project priorities. The "vulnerability of the population at risk" is one of seven factors which the Commission weighs in determining priority projects.

### THE "SAFETY FOR OLDER CONSUMERS" PROJECT

The Commission designated the Safety for Older Consumers project for priority attention in Fiscal Years 1984, 1985, and 1987. This effort emphasizes safety in and around the home. It will be an ongoing project in future years.

In 1988, two new publications were developed to address hazards experienced by older people. "What Smart Shoppers Know About Nightwear Safety" is a brochure cooperatively developed by the textile industry, consumer associations, and Federal agencies. This brochure describes the burning characteristics of fibers used in nightwear, and the effect of fabric construction and fit on ignitability and burning. These are all factors older consumers should consider, when purchasing nightwear, to help reduce their risk of fire and burn injuries. The American Association of Retired Persons (AARP) is printing and distributing the brochure through their national network. The CPSC is assisting in the distribution of the brochure and is further investigating this hazard through its project on adult nightwear flammability as discussed below.

"Product Safety and the Older Consumer: What Manufacturers/Designers Need to Consider" is a product safety guide for designers and manufacturers to use in designing products that take into account the physical limitations of the elderly. The Commission printed and distributed this guide to manufacturers, trade associations, and others concerned with product safety for older people.

The CPSC continues to distribute the "Home Safety Checklist for Older Consumers" (both English and Spanish versions) to assist older people in finding and correcting product hazards in their homes. The Commission also continues its work on a voluntary standard for stepstools which was recommended at the National Conference on Safety for Older Consumers.

### OTHER PROJECTS FOR OLDER CONSUMERS

Reviews of apparel related fire incidents indicated that, over the last two decades, a significant reduction in deaths as a result of clothing fires has occurred. Such deaths have declined from 760 in 1970 to 235 in 1985. However, of the 235 fatalities reported in 1985, 164 (70%) occurred in the 65 and older age group, and most frequently involved nightwear (robes, nightgowns, and pajamas). Adult nightwear garments now on the market have been reported to exhibit a variety of flammability characteristics, some claimed to be capable of meeting the requirements of the children's sleepwear standards. If these fabric flammability characteristics could be classified in terms of their fire hazard, then nightwear garments could be labeled to indicate this hazard classification and the elderly encouraged to include flammability as part of their purchase considerations. Laboratory tests on fabric from nightwear now on the market indicate that the development of a standard to classify nightwear fabrics in terms of their flammability characteristics appears technically feasible. The development of such a standard and labeling of nightwear garments is being followed up with the industry.

Residential wiring (fixed wiring, circuit breakers, light fixtures, receptacles, etc.) is believed to be responsible for thousands of residential fires of electrical origin each year. In 1986, there were 49,500 such fires causing 570 civilian deaths, an estimated 1,270 civilian injuries, and nearly 493 million dollars in property loss. Many of these fires occur in homes which have old or deteriorated electrical systems and in which older people live.

One of the Commission's ongoing information programs is "Smoke Detectors." The fire death rate among people 75 or older is higher than that for any other age group; smoke detectors can help prevent many of those fire deaths. The Commission's goal is to increase the number of homes with properly installed and maintained smoke detectors to provide early warning of fire. During the past few years, millions of copies of CPSC publications have been printed and distributed by fire departments and other organizations to promote smoke detectors. The American Association of Retired Persons developed a large-size safety alert on smoke detectors and distributed copies through the AARP national network. The major objective of this smoke detector program continues to be getting smoke detectors into the homes of older people and the general population.

The CPSC has launched a project to develop innovative child-resistant closures for medicines and household chemicals that would be easier for older people to open but still child-resistant. These innovative safety closures would help respond to the difficulties older people have using them, thus increasing the acceptance of safety packaging and further reducing childhood poisonings. In 1989, the CPSC will develop and test prototypes of one new safety closure with older consumers and with children. If this safety closure passes the test protocol, it will be ready for use by industry. All of the new closure designs developed under this project will be available to the industry for further development and production.

Indoor Air Quality is a priority project in 1989. The elderly frequently spend more time indoors and are more sensitive to indoor pollutants. An information booklet "The Inside Story: A Guide to Indoor Air Quality" was developed in cooperation with EPA and is available by contacting the Consumer Information Center in Pueblo, Colorado.

The CPSC's toll-free Hotline makes it easy for older people to order copies of the "Home Safety Checklist" and other safety publications. The Commission's Hotline number is 1-800-638-CPSC.

## ITEM 16. CONSUMER PRODUCT SAFETY COMMISSION

NOVEMBER 2, 1988.

DEAR CHAIRMAN MELCHER: In response to your letter of September 21, 1988, I am enclosing the U.S. Consumer Product Safety Commission's report on our activities on behalf of older Americans.

In fiscal year 1988, two new publications (copies enclosed) were developed to address product hazards encountered by older people. One of these documents is a brochure entitled "What Smart Shoppers Know About Nightwear Safety." This brochure is the combined effort of the textile industry, consumer associations, and Federal agencies. The brochure offers useful advice to older people on what factors to consider when selecting nightwear which will help prevent fires and burns. The brochure is being printed by the American Association of Retired Persons. The Commission is assisting in the distribution of the brochure to interested parties.

The other document—"Product Safety and the Older Consumer: What Manufacturers/Designers Need to Consider"—looks at the product safety needs of older consumers and provides information and design considerations for product improvements to help meet these needs. Manufacturers and designers will use this document to help improve product design.

In fiscal year 1989, the CPSC will continue to distribute our "Home Safety Checklist for Older Consumers" and will continue our work with the American Society for Testing and Materials to develop a voluntary standard for step stools.

We are pleased to submit this report for inclusion in the United States Senate's Special Committee on Aging report entitled Developments in Aging.

Sincerely,

TERRENCE SCANLON,
*Chairman*

Enclosure.

# WHAT SMART SHOPPERS KNOW ABOUT NIGHTWEAR SAFETY

*1* **All fibers used in ordinary clothing can burn, some more quickly than others.** The following table ranks the burning behavior of fibers.

**Burning Characteristics of Fiber**

| | |
|---|---|
| Flame Resistant Cotton,<br>Flame Resistant Rayon,<br>Flame Resistant Polyester,<br>Flame Resistant Wool,<br>Modacrylic | Difficult to ignite.<br>Self-extinguish when flame is removed from fabric |
| Wool, Silk | Difficult to ignite, burn slowly |
| Nylon, Olefin,<br>Polyester | Shrink away from flame. After ignition, burn slowly with melting |
| Acrylic | Burns with heavy, dense black smoke |
| Acetate, Cotton,<br>Linen, Rayon | Ignite easily and burn rapidly |

For fabrics containing blends of the above fibers, the burning characteristics should be taken to be that of the less flame resistant fibers.

*2* **In addition to fiber content, the way a fabric is made affects the way it burns.** Heavyweight, tightly constructed fabrics ignite with difficulty and burn more slowly than lightweight, open or fuzzy fabrics. However, heavyweight fabrics burn longer when ignited, and can cause severe injuries.

Some people think fabrics labeled "flame resistant" are safer than they really are. As the name implies, these fabrics are designed to *resist* ignition and burning. They will, however, burn under some conditions. They will not, for example, protect you from burn injury if you are caught in a burning building or reach into a fireplace, wood burning stove or an oven. It is important to follow manufacturers' care and cleaning instructions on a "flame resistant" product to ensure that its flame resistant properties are maintained.

*3* **The style of a garment is related to safety.** Clothes that hang loosely or float away from the body are more likely to catch fire. Long, flowing sleeves, loose-fitting blouses and maternity tops, lace ruffles and puffy designs can cause problems. Close-fitting clothes are much safer. They are less likely to be ignited and burn more slowly.

Clothes that are easily removed can help prevent serious burns. If a garment is quickly stripped off when it catches fire, injury may be far less severe or avoided altogether. It is better if the garment can be removed without having to pull it over the head. Look for quick-release features such as snaps, and fasteners such as Velcro or wrap-style adult clothing. If a garment catches fire and cannot be removed quickly, stop moving, drop to the floor and roll.

**Nightwear Safety and Fabric Construction and Fit**

| *Fabric Construction* | *Fit and Design* |
|---|---|
| Tight Weave • Tight Knit • Non-Fuzzy | Close-Fit • Large Neck Opening • Quick Release Closures • Wrap Style |
| Open Weave • Open Knit • Terry • Fleece • Napped • Chenille • Lacy | Loose Fit • Flowing • Frilly • Long, Wide or Puffy Sleeves |

**4 Smart Shoppers:**

- Look at labels for fiber content and choose garments made of more flame resistant fibers (see tables).
- Avoid open weave or open knit fabrics or fabrics with brushed or pile surfaces.
- Choose close-fitting garments which can be removed quickly and easily;
- Follow the rules when sewing garments for yourself, family and friends.

**5 Above all, it is important to be careful around fire sources.** Encourage your loved ones to be alert. Especially remind your children and older people that clothing should be kept away from cigarettes, lighters, matches, candles, gas flames, fireplaces, stoves and space heaters. Charcoal lighter fluids, gasoline and paint thinner are highly flammable and should be handled with caution.

**Remember:**

- **Don't reach across lighted flames or hot coils on kitchen ranges when wearing full garments or wide sleeves.**
- **Keep a safe distance from space heaters.**
- **Always use tongs when reaching into a wood burning stove or fireplace.**

The United States has the highest fire death and injury rate in the world. Most fire deaths and injuries are at home.

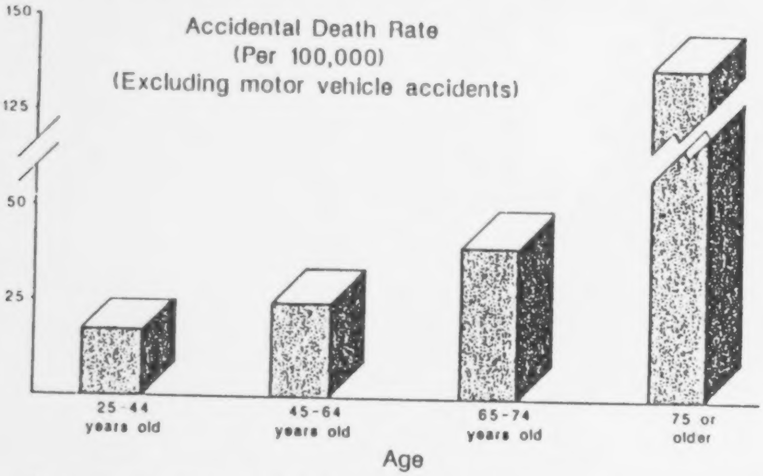
Where clothing ignition is involved, older people wearing nightwear run the greatest risk of injury or death.

How can these tragic fires be prevented? Fire experts agree that the key to fewer fires is greater awareness of how accidents can be prevented.

And that means following good safety practices as well as selecting nightwear with the fiber, fabric and fit that makes sense for the person wearing it.

# THE OLDER CONSUMER: PRODUCTS AND ACCIDENTS

The older consumer today merits special attention from product manufacturers. "Older" need not refer to any precise age category, although convenient age criteria, such as "over 65," or "over 55," are often used. By any reasonable criterion of "older," this group is becoming more populous, more active, more affluent, more influential, and more important as a segment of the product market. Yet many products fail to adequately consider the needs of older users. The result too often is unnecessary accident and injury.

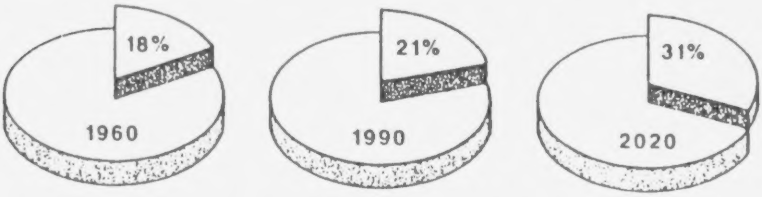


Severe injuries and fatalities involving consumer products occur at a much higher rate for older consumers. This results in unwarranted costs to American industry, as well as to society at large. Unfortunately, lack of information, unfair stereotypes, and acceptance of this situation as natural or inevitable, all impair better product development. This section will place the problem in perspective and highlight the positive opportunities that exist.

## THE OLDER CONSUMER IN THE PRODUCT MARKETPLACE

The older consumer represents the fastest growing segment of the marketplace. The United States is moving through a profound demographic shift, in which the composition of our population has gone from about 18 percent of all people over age 55 twenty-five years ago, to about 26 percent in this same age group twenty-five years from now. Today, more than one in five Americans is over age 55, and one in nine is over age 65. This aging of the population will continue to accelerate. Forty to fifty years from now, one in every three Americans will be age 55 or older, and one in every five Americans will be age 65 or older. An image of the United States as a "country of the young" is quickly lagging behind reality, as greater life expectancy, changes in fertility, and the aging of the "baby boom" group restructure the makeup of the population. While the number of older adults grows dramatically decade by decade, the number of youthful Americans (18 or younger) is actually shrinking.

Percent of the U.S. Population Aged 55 or Older



If a product has a development cycle of 5 years, then the product at the concept stage today will find a potential over-55 market group that has increased by nearly three million by the time the product hits the shelf. This is over a 5 percent growth in population in just the span of time it takes to develop and market a new product.

Yet the impact of older adults as consumers will be even more dramatic than the increase in their numbers suggests. Compared to older populations of years past, today's older adult is more affluent, better educated, more active, and in better health. This trend is expected to continue.

As the relatively prosperous "baby boom" generation reaches older age, the dominance of older consumers as a market force will be striking. Right now, about 35 percent of American households are headed by people aged 55 and up; these households control nearly 30 percent of total income, and about 28 percent of discretionary spending potential. Right behind them (in age) are today's 45–54 year olds, who control about 16 percent of households, but 21 percent of income and 31 percent of discretionary spending potential. The older consumer clearly is a major, if underappreciated, market force now, and this will be overwhelmingly true in the future.

The dominance of older consumers means that they cannot be viewed as a "fringe" group; the safety needs of older adults must be taken into account in product development. This concern is true from society's perspective, since older populations suffer serious product-related injury at a much higher rate than younger people due to age-related changes. It is also true from the manufacturer's perspective, since older adults are increasingly the prime product buyers, product users, but also product injury victims.

A distinct, specialized product version for the "old" is not usually desirable. It is not desirable from the consumer's viewpoint, since it isolates and stigmatizes older people, and is socially unappealing. It is not desirable from the manufacturer's viewpoint, since it fragments the potential market. It is not desirable from a safety viewpoint, since it deprives other groups of the product safety benefits they might share. Thus the best approach for providing product safety for older consumers is to *broaden the range of potential users for the normal product line.*

## THE POSITIVE SIDE

Improving product safety for older adults presents challenges, but this also brings some very tangible benefits. Consider these:

- **Lessen Liability**—When a product or environment is made safer for the less physically capable subgroups of a population, everyone may benefit. If products are better designed for older consumers, accident potential generally will be lessened for younger groups as well. Liability exposure may be broadly reduced. A manufacturer may be able to avoid liability suits it normally would have encountered had it not been sensitive to older consumer needs.

- **Increase Product Satisfaction and Market Share**—Safety improvements often lead to a product that is more convenient, noticeably easier to use, or perceived as less dangerous. This may be true for the older population in particular, who represent a substantial portion of the market. But it may also be true for all users. Product satisfaction and market share may increase.
- **Become More Competitive with Foreign Manufacturers**—Foreign manufacturers may be gaining a market edge in developing products that are more suitable for older consumers. This is the case for several reasons. In many countries, such as Japan, the "aging" of the population has occurred earlier than in the United States, and so has had to be faced sooner. Other countries also may be more geared to long term planning. Add to this differences in R&D spending and government backing, and it is apparent why American industry may not be properly positioned for the "aging" of our consumer market.

Clearly then, the challenge of better adapting products to meet the safety requirements of all consumers, including older groups, provides some genuine opportunities. As this booklet will show, many problems are far from unsolvable. With an appreciation of the issues involved, relatively straightforward, even simple, solutions may appear. Unfortunately, there have been some real barriers in the myths and prejudices held about older adults in our society. It is to the benefit of the manufacturer and consumer that these barriers be removed.

## "AGEISM" AND THE LIFESTYLE OF OLDER ADULTS

"Ageism" means applying an inaccurate negative stereotype to older people. This prejudice is widespread and probably often adopted without awareness. "Old" may call forth an image of someone frail or disabled, inactive, dependent, living in privation on a limited income. In fact, older adults are a very mixed group at any age, and this stereotype is particularly damaging because the large majority are so unlike it.

Most older adults live independently, enjoy satisfactory health, are active, and control substantial disposable income relative to younger people. Furthermore, these positive attributes are becoming more and more typical of older adults. This does not imply that dependence or poor health are not concerns of older adults; it does mean that such characteristics are not *typical.*

For instance, a recent survey found that poor health was a serious problem for 21 percent of those age 65 or older. While this figure was considerably higher than the 8 percent found for a younger group (18-54 years old), it still indicated that four out of five older (65+) adults did not suffer poor health.

Thus, common stereotypes of the "old" can be misleading; as a group, *older consumers can be described as active, healthy, affluent buyers.* Unfortunately, despite the appeal this life situation should hold for marketing, ageism probably has often blinded the manufacturing community to the importance and potential of older adults as consumers of their products.

Even though most older adults are active and competent consumers, it would be foolish to deny that many abilities frequently decline as age advances. In fact, it is sensitivity to these very changes which is required if product design is to more adequately meet the safety needs of older consumers. The proper frame for viewing age-related changes, and their impact on accidents, is in the context of the *range* of normal abilities.

## THE RANGE OF ABILITIES AND THE RISK OF ACCIDENTS

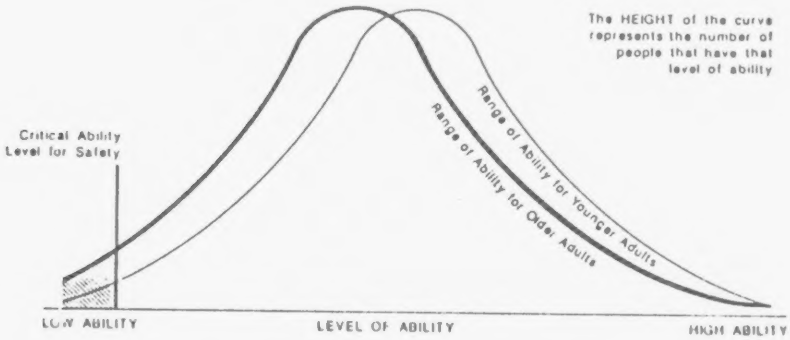
People vary in their characteristics, abilities, and safety behavior. While this is true at any age, variability is greatest among older adults. Older people of a particular age not only differ in how aging has affected their abilities; they also differ in their awareness of these changes, and in their appreciation of the safety implications.

In a general sense, older consumers may be thought of as falling into four groups:

1. Many older adults have excellent levels of skill and knowledge regarding product use, and continue to use products safely.
2. Some older adults may have declining abilities, but are able to compensate for these by being more careful and being aware of potential danger.

3. Some older adults may stop carrying out certain activities and cease use of products they feel are too dangerous.
4. Some older adults may have declining capabilities, but do not recognize or compensate for these limitations and put themselves at increased risk. This group is at special risk for product-related accidents.

It should be stressed that there are wide individual differences within and between groups of young and old people in terms of abilities and skills involved in product usage. To assume that all older adults by definition are at risk in the use of products would be blatant "ageism." However, products that offer additional margins of safety in their use would benefit individuals at all ages, especially older adults at risk. One way to illustrate the impact of the variation in abilities on product safety is shown in the figure.



The manner in which different people vary on some characteristic can often be represented by "bell shaped curves," as in the figure. Most people fall in the middle ability area, which is shown by the curve being at its highest point. Fewer and fewer people have abilities far above or far below the average, which is shown by the curve rolling off to either side. To pick a specific example, imagine the curve is meant to show the strength of grip. Most people would have a grip strength near average. Some would be a little above average, and a few far above average. Some would be a little below average, and a few far below average. The two bell shaped curves in the figure are meant to show younger and older age groups separately. At the low end of the scale, the figure shows a "critical ability level" for safety. This is meant to show that people who do not meet at least some minimal level of ability may be at special risk of an accident.

One important feature of this figure is that abilities of the two age groups overlap a lot. There is a wide range of ability in both groups, and many older people have higher abilities than some younger people. But even though the curves overlap a good deal, the curve for the younger group is placed a little more toward the high ability side of the scale. Look what this means down at the low ability end of the scale: many more older adults fall here than younger adults. **Even though most people of any age have adequate ability, and even though older and younger groups show a lot of overlap in their abilities, older adults represent a much greater proportion of the individuals at the critical lower end of the scale.**

What this figure makes clear is that even though it is unwarranted to stereotype the older consumer as a less competent product user, changes that occur with age place this group at a much higher accident risk. Product design modifications that take the range of abilities of older adults into consideration will result in greatly enhanced safety.

## PRODUCT DESIGN FOR A RANGE OF ABILITIES

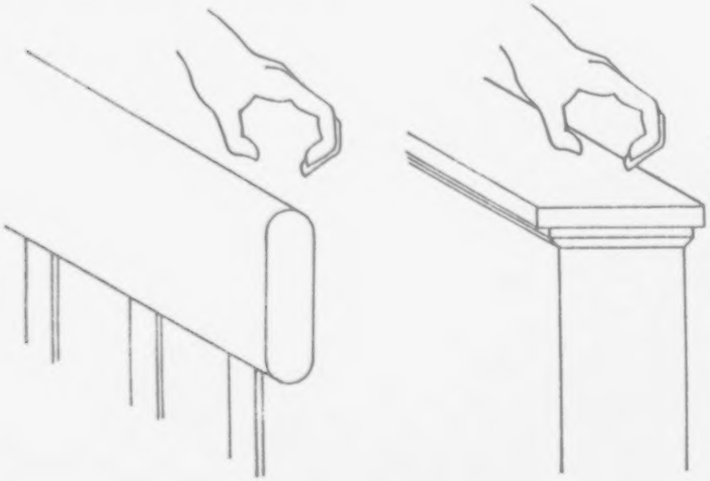
Since people, old and young, vary greatly in so many characteristics, it is often difficult to design some product feature to be suitable for 100 percent of the potential users. For this reason, a product is often designed to be compatible with the needs of "most" consumers; a few people at the "extremes" of some characteristic may be excluded. For example, if the foot pedal controls on a riding lawn mower were placed close enough to the seat so that even people with the shortest legs could reach them, this might unacceptably cramp the long-legged people. The decision about where to place the pedals can be made to accommodate most people, but it may not be possible to select a location that is suitable for everyone.

This approach to product design has important implications for older consumers. Because older groups may have more individuals at one extreme, the design that excludes only a small portion of the general population may discriminate against a substantial portion of the older population. As an example, let us consider eye level when sitting down. If some product design required a seated eye height of 30.1 inches, only 5 percent of middle aged (35-44 years old) women would be too small for this. But *30 percent* of women aged 75-79 years old would be too small! If the product design was based on the seated eye height of men as well as women, then the height that excludes only 5 percent of the general population would be too high for about *half* of all older women.

Extending the design range to encompass a broader range of people is one step toward safer products for older consumers. But this is still limited in its effectiveness. It may be difficult, impractical, or impossible, to "stretch" a design to cover all older users, as well as the full general population. A more promising approach is to design around the limitations of older users.

If the characteristics of the more limited user groups are recognized, a product can often be designed so as not to challenge these limitations. Rather than trying to stretch the product to encompass extremes, alternative concepts can design *around* the potential problems, often with superior results for all users. An everyday example is the water fountain: handles that were difficult for many people to grasp, turn, and hold are being superseded by simple push panels.

Another concern in product design is when the users' needs and characteristics are ignored in favor of some esthetic feature. This may be a special safety problem for older adults, since their ability to adapt to a mismatch between their characteristics and a product's requirements are more limited. Handrails provide a good example. The illustration shows some typical handrails that are designed to be attractive, but which fail to be good surfaces to grasp for support.



The safest handrail designs will permit a person to use the preferred "C" shaped grasp. Many handrails, like these examples, are not consistent with hand dimensions and grip characteristics, and may be especially difficult for some older users.

In order to safely include the older consumer, a manufacturer must recognize the range of user abilities and characteristics, and how older adults fit in this range. The best design concepts will not challenge the abilities of the most limited users, but rather will design around them.

## WHO IS RESPONSIBLE FOR INCORPORATING OLDER CONSUMER SAFETY?

Since older adults represent a large, and growing, segment of consumer product users, it is obviously important to take the needs of this group into account in the development of new products. But who is responsible for incorporating the safety and other concerns of the older consumer into the process?

There is often the assumption that "someone" must be responsible for bringing compatibility for older users, or other "special user groups," into the product design/development process. But this is not the province of any special discipline or group. Responsibility is widespread, and this becomes a very significant issue.

Important responsibilities encompass industrial design, engineering, high level marketing, and top management. Responsibility may be geographically diffuse as well, located at different centers, and even international. Therefore it is important for everyone involved to be sensitized to the needs, and to recognize the benefits, of incorporating concern for the older adult into the entire product development process. Some critics have felt that rigidity and lack of foresight have placed industry in a position where it has not been able to respond in its own best interests to the aging of the population. Certainly the safety interests of older adults have not been met as well as they might be.

Because the responsibility for older consumer safety is diffuse, this booklet is not tailored for any narrow audience. Its information is broadly intended for anyone involved in the product development process. It is also intended for those concerned from the product user's perspective: consumers, advocacy groups, policy makers, safety professionals, and so forth. Much can be done to improve product safety for older adults, but this can be accelerated if individuals recognize that they share in the responsibility.

## WHAT IS A "CONSUMER PRODUCT"?

Many disciplines which produce man-made products or environments share a particular concern for the safety of older adults. These specialties include architecture, urban planning, commercial products, transportation, medical or health care equipment, packaging, and so forth, as well as general consumer product manufacture. While this booklet may prove useful for many in these fields, it is specifically directed at general consumer product design. The illustrations of safety problems and design considerations by which those problems may be addressed are all taken from the consumer product area.

While there is not a uniformly accepted definition of a "consumer product," as defined here, consumer products typically include four features: (1) the product development, design, and engineering are geared for manufacturing in large quantities; (2) the product is distributed to points of purchase for sale to the general public; (3) the product is subject to some form of evaluation prior to distribution; and (4) there are standards of performance developed by the manufacturer to assess quality and set limits of acceptability for the product. The examples discussed in the booklet are all drawn from representative consumer products of this type.

Some products are ambiguous. A floor tile, a staircase, or a door may all sometimes be consumer products under this definition; however, they may also be architectural components, employed in combination with other building elements, and possibly covered by building codes and other regulatory devices. Even though products of this sort are often identified as among those frequently involved in accidents among older adults, they are not included among the examples that follow. One reason for limiting the examples to those that clearly meet our definition of a consumer product has to do with the manufacturer's responsibility and liability for the safety of the product user. This responsibility is less clear and more diffuse for products that are incorporated into the built environment since the product is part of a larger system of products. Problems can lie with the product itself, with how it was installed, with its compatibility to other building elements, or perhaps can be due entirely to failure of some other element in the system.

The products chosen in this booklet to illustrate the safety problems of older adults are typical consumer products, known to have significant accident involvement for older consumers, and *with a clear responsibility for user safety on the part of the manufacturer.* These examples should prove generally useful for many other sorts of products as well.

## SOME EXAMPLE PRODUCTS: UNDERSTANDING AND ADDRESSING THE PROBLEMS

This section illustrates some of the kinds of consumer product accidents that the older adult is frequently involved in, how these accidents could be linked to characteristics that can help in addressing the problems, of older populations, an what sorts of product modifications can address the problems.

Eight common consumer products have been selected as examples. All of these are known to entail serious safety concerns for older consumers. For each example product category, there are three sections:

1. A description of important common accident situations ("accident scenarios") for older users of that product. These scenarios were developed through a study of accident cases.

2. A list of some of the major age-related changes in ability or behavior that are most likely to be involved in the accident scenarios. A full listing and explanation of common characteristics associated with age will be presented later in this booklet.

3. A set of design considerations that could lead to improved safety for older consumers. These considerations were selected to represent realistic, practical ideas, with potential to substantially reduce accidents and injury.

The products included here were selected, in part, because they make good examples. They are not necessarily the products that are *most* frequently associated with accidents to older adults. For example, studies show that older people very often have accidents involving stairs/steps, floors/flooring material, bathtubs/showers, and chairs, with the mode of accident frequently being a fall. While the importance of these kinds of accidents was recognized, this booklet selected products that fit the definition of a "consumer product" presented previously and that covered a wide range of product types, accident factors, and improvement strategies.

The design considerations for improved safety are presented in general terms, to serve only as examples of how age-related safety problems *may be approached.* They should *not be viewed as fully developed design recommendations.* Rather, they are promising ideas that can be evaluated and developed by manufacturers within the cortex of overall safety for the product, and with care to avoid introduction of new safety problems in attempting to address identified problems. Some of them may even have found occasional use today. In reading these examples, clear parallels to many other products or other accident scenarios may come to mind. In considering the ideas presented, inspiration for new or improved ideas should come. The ideas presented here are meant to help evoke creative thinking about any product and how it might be improved to meet the safety needs of older people.

# Ovens/Ranges

## Accident Scenarios

—The victim is cooking (often in the morning) when he/she reaches over the front burner either to operate the controls or to attend to a pot on the back burner, and his/her clothes catch on fire. These accidents occur on both electric and gas products.

—The victim puts a pan of food on the range, turns on the burner and then leaves the pan unattended. When the victim discovers that the pan is on fire, he/she attempts to extinguish it and is overcome by smoke or burned.

—Gas escapes from the oven/range due to a leaky gas connector or a partially open burner. The victim does not smell the gas or disregards it. The victim lights a match or lighter to light the pilot light or for some other reason; an explosion results.

—Related to the case above, victims are found asphyxiated due to gas inhalation. Less in-depth information was available about these cases, but it was noted that the smell of gas was heavy when victims were found, suggesting that the victims may not have smelled it.

—The victim is preparing a meal, and opens the oven door. With attention drawn to other concerns, the victim trips over the oven door, causing a fall.

## Age-Related Characteristics

**Sense of Smell**—Changes in the ability to smell (especially after the 60's) may make it more difficult to detect leaking gas, or something burning.

**Arousal/Medication**—Accidents often occur in the morning, suggesting a decreased state of awareness in victims. This is a particular problem for older individuals since they often suffer from disrupted sleep patterns, and may be taking sleep-inducing medication.

**Slowing of Behavior**—The general slowing of older adults may increase the time taken to react once a fire has started.

**Body Dimensions/Restrictions in Movement**—Difficulty in reaching up and over front burners may increase the likelihood of making contact with the burner.

**Mental Processes (Cognitive Functioning)**—Difficulty in sharing attention between activities, and lapses in memory, may contribute to food fires and to trips over open oven doors.

## Design Considerations

- *Improve Burner location.* Ongoing improvements in inexpensive technology and modular construction will permit more flexible and customized units. Modular technology means that it is now economically feasible to manufacture more than a single, rigid layout for all consumers. If an area wider than the standard 30" width is available, or if the user does not require the standard four burners, there is no need to place one burner behind another. Back burners can be elevated somewhat above front ones, to reduce the chances of contact with the front burner while reaching toward the rear one. Controls can be relocated so as not to be behind burner (for childless homes), and can be designed and placed to minimize confusion.

- *Cooktops less likely to burn or ignite clothing.* These might include thermal induction cooktops or flush-counter cooktops. Microwave cooking provides an alternative technology also, although this method of cookingis distinct from traditional oven/range use.
- *Burners controlled by timers.* There is no reason why a burner must remain on indefinitely if someone forgets it. Other appliances, like microwave ovens, have the "on" switch and timer incorporated as a single unit, which could also be applicable to burners. Alternatively, an audio signal could be employed instead of turning off the burner, although this would be less effective.
- *Range- or hood-attached gas detector.* This could sound an alarm to warn of a gas leak when gas levels become excessive.
- *Opened oven door noticeability.* This would help to reduce the incidence of tripping over it or burns from contact. A light, ideally a red light, could be installed at the rim of the door, and activated only when the door is open. Raising the height of the oven would keep the door from falling out of view. This would also have some advantages for older consumers through reducing bending, stooping, and lifting.
- *Design specialized consumer education materials for older consumers.* People probably do not fully appreciate the risk of clothing ignition from electric (vs. gas) burners, nor how flammable much sleepwear is. A number of other factors, such as how to respond to food fire and other fire safety aspects, or the need to have gas appliances regularly checked and maintained, require education. The manufacturer could improve consumer awareness through labels, tags, and manuals. Safety campaigns from any source would be beneficial.

# Electric Heating Pads

## Accident Scenarios

—The victim, who is generally not aware of the potential danger involved in using a heating pad (even though the pad may have warning labels), employs one to relieve pain while in bed. The victim sets the pad on LOW and then falls asleep on the pad. In the morning the victim awakens with 1st-3rd degree burns from the pad.

## Age-Related Characteristics

**Pain Sensitivity**— An increased threshold for heat-induced pain may help account for the fact that the victims are not awakened by the burns from the heating pad during the night. Also, since the pad is often being used to relieve pain, there may be some masking of the thermal pain, or reduced sensitivity due to the use of pain-reducing drugs (analgesics).

**Medication**—Substantial use of medication that produces drowsiness may increase tne likelihood of falling asleep on the heating pad. Especially since the pad is often employed to relieve pain, the victim is particularly likely to be on medication.

**Movement**—Restrictions in movement may heighten the likelihood of remaining in one position on a heating pad during the night (i.e., not rolling off of it). This would increase the time of exposure to the heat on one part of the body, and increase the chances of being burned.

### Design Considerations

- *Automatic shut-off for the pad.* Continued application after a specified period of time would then require positive action.
- *Warning device on the pad.* This device could be designed so that it sounds a warning after a specified amount of time, or when it reaches a specified temperature.
- *Sensors at the skin interface.* These could detect excessive heat, and turn off the pad.

## Step Stools

### Accident Scenarios

—The victim is performing some task while standing on the top step of a step stool. At some point, he/she over-extends reach, loses balance and falls from the stool.

—The victim is on a step stool performing some active task (cleaning, repairing) when he/she loses his/her balance and falls (sometimes due to a shift in weight or position).

—The victim is on a step stool, has finished performing some task and begins to descend the stool. He/she misses a step or loses balance and falls.

### Age-Related Characteristics

**Vision/Depth Perception**—Older adults may have more difficulty seeing the steps of the stool and the details of the task they are performing. Changes in depth perception make it more difficult to judge the distance of the target, possibly causing the victim to over-reach. These changes also make it harder to position the stool properly.

**Balance**—General decline in equilibrium may make it more difficult to maintain and recover balance on step stools. In addition, increases in body sway with age may adversely affect balance and the stability of the stool.

**Functional Reach**—The decrease in functional reach with age may increase the likelihood of over-reaching on a step stool.

**Movement**—General limitations in movement capabilities may make it more difficult to climb up, and especially down, the step stool.

## Design Considerations

- *Wider base of the step stool.* This could help to counteract the effect of increased body away and improve the general stability of the stool.
- *Support railing for the stool.* A possible design would be one in which the rail extends along the steps and encircles the top of the stool. This would provide a means to steady the body while on the stool, to recover balance when it is lost and to aid in descending the stool.
- *Greater width for the steps.* This would provide a wider area to step on when climbing up or down the steps.
- *Step stool system as part of th kitchen cabinet system.* A step system (perhaps finished to match the cabinets) could wheel directly into the cabinet system as a module. The base of the step system itself could even provide storage space. This would insure access to a well-designed, adequately-sized climbing aid (vs. a kitchen chair), while minimizing problems of limited space, storage, and esthetics.

# Hot Water

## Accident Scenarios

—The victim is in the shower or tub and begins to fall and accidentally turns on/up the hot water by grabbing for the controls in an effort to prevent the fall.

—The victim is in the shower or tub and inadvertently turns on/up the hot water because he/she cannot see the controls clearly (often due to steam), or becomes confused and turns on/up the wrong control.

## Age-Related Characteristics

**Vision**—Older adults may have more difficulty seeing the shower/tub controls due to general decline in vision, especially acuity. Absence of corrective lenses, and a wet or misty environment may further contribute.

**Balance**—General decline in equilibrium may increase the chance of losing or being unable to recover balance in the tub or shower, and of using the water controls to catch oneself.

**Speed of Behavior**—Slowing of reaction time may increase the time it takes to escape from the tub or shower, or to operate the controls once the hot water is turned on.

**Movement**—General limitations in movement capabilities may make it more difficult to escape from the tub or shower once the hot water is turned on.

## Design Considerations

- *Control-area grab bars for the tub/shower.* Since victims often grab for the controls to prevent falling, grab bars installed above the controls would be particularly helpful; these would both provide a secure hold and also discourage grabbing at the controls during a slip.
- *Clear discriminability of hot and cold controls.* Better labelling/marking can improve legibility, without sacrificing esthetics. Larger print size and contrasting color would also make it easier to distinguish hot from cold controls. Redundant cues that do not require reading should also be made available, such as contrasting shape, texture, and color. Improved illumination in the tub/shower area would also aid visual discrimination.
- *Standardize of location and layout for controls.* The relative locations of hot and cold controls, and the direction of operation should be standardized to reduce confusion and ambiguity. Other potentially useful cues, as mentioned above, should also be standardized.
- *Continuous-flow water heater for tub/shower.* Such devices are used with other products (such as dishwashers), and the technology should be evaluated for this application. This would allow maximum water temperature to be lowered in the tub/shower without interfering with other appliances or applications that require higher temperature (e.g., dishwashers, washing machines, etc).

- *Improve scald protection valves.* Devices are available which limit hot water delivery at the point of use. Improvements are needed to make these more viable. For example, the valves sometimes fail, particularly due to water quality; filtering devices could be incorporated to improve reliablity. Second, the cost and difficulty of retrofitting tubs/showers with scald prevention valves is related to the need to bring hot and cold water sources together, which may require extensive replumbing. Improved and simplified retrofit hardware would make this a more viable safety option.

# Riding Lawn Mowers

## Accident Scenarios

—The victim is mowing the lawn and notices that the discharge chute has become clogged (usually because the grass is wet). The victim stops mowing and, either consciously or not, fails to turn off the mower or disengage the blade. He/she then dismounts the mower and reaches into the discharge chute to unclog it when his/her hand contacts the blade. In some cases the victim can reach into the discharge chute without dismounting the mower.

—The victim dismounts the mower for some reason (e.g., to clear debris from the grass catcher) without turning off the engine or disengaging the blades. The victim's foot slips under the mower housing (sometimes due to wet grass) and contacts the blade.

—The victim drives the mower too close to a steep edge transition (e.g., ditch, terrace, pond, etc.). The wheels drop over the edge and the mower overturns. The victim may be crushed or pinned by the mower, or suffer lacerations due to blade contact.

—The victim loses control of the mower usually due to some environmental interference (tree, slope, ditch, fence, etc.) and is thrown, slips or jumps off the mower.

## Age-Related Characteristics

**Vision**—Declines in visual functioning may make it more difficult to see environmental obstructions. Also, decreased depth perception may make it harder to judge how far away an edge is, and peripheral vision decrements may make it harder to monitor edges and obstacles.

**Balance**—Decrements in equilibrium may make it more difficult to maintain balance in the seat while mowing, and in dismounting the mower.

**Movement**—Limitations in movement and flexibility may reduce the ability to recover when the mower shifts quickly. It may also be more difficult to assume some postures in the operator's seat.

## Design Considerations

- *Mower seat improvement.* Increase the depth of the seat and side supports, and improve the materials they are constructed of, in order to improve operator stability when leaning to view the path, or while on slopes.
- *Sensor to detect closeness to a drop-off (or approaching some other environmental obstruction).* It may be possible to employ relatively inexpensive technology similar to that used in self-focusing cameras so that a sensor could provide a warning signal when a hazard approaches. Wheel chairs have been successfully fitted with similar devices.
- *Discharge to be inaccessible from the seat.* This would force the operator to leave the seat to clear the chute, allowing operator presence controls to shut off the engine.

- *Safer means of clearing the discharge chute.* Even though operator presence controls should reduce blade contact accidents, further protection would be provided if the hand remained away from the blade area. One possibility is a sleeve that sits within the chute; the sleeve could be pulled outward before clearing) and a guard at the rear of the chute could even be engaged by this action). Another simple possibility is to provide a clearing tool that is conveniently attached on or near the chute.
- *Shield for location under the mower housing.* This would be especially helpful if it is positioned near the mounting surfaces so as to prevent the operator's feet from slipping under the mower.

# Waste Containers/ Laundry Baskets

## Accident Scenarios

—Although accident reports are sketchy on detail, lifting and carrying laundry baskets and waste containers causes strains/sprains in older adults. These products can also increase the chances of a fall (especially if there are steps along the path), through altering posture and gait, blocking vision, and shifting the center of gravity.

## Age-Related Characteristics

**Strength**—A general decline in strength may make it more difficult to lift waste containers and laundry baskets, and to hold them in an awkward forward position.

**Movement**—Restrictions in movement may heighten the chances of injury in lifting and carrying a waste container or laundry basket. Specifically, bending over to lift the container and grasping the handles of the container (especially when arthritis is involved) may be more difficult for older adults. Stooping is also a difficult movement and may cause dizziness.

**Balance**—Disturbances of equilibrium may make it more difficult to maintain balance while lifting and carrying waste containers and laundry baskets. This is especially true in light of the fact that the center of gravity is shifted forward when carrying a typical waste container or laundry basket.

## Design Considerations

- *Reconsider type and location of grips.* This could be done so that fine grasping is not required, and so that weight can be supported with the arms, not the hands.
- *Reconsider shape of the waste container or laundry basket.* An improved design would be one that does not shift the center of gravity so far forward when being carried; weight could be distributed closer to the body on the sides.
- *Consider light weight material for waste container/laundry basket.* This would minimize the weight being carried as much as possible.
- *Consider wheel assembly for waste containers/laundry baskets to be wheeled devices.* This approach, when properly done, has proven successful for luggage and for some waste containers.

# Smoke Alarms

## Accident Scenarios

—Available accident data did not provide information needed to develop a typical scenario. Due to the nature of the product, however, it seems reasonable to assume that older adults sustain injury when installing or maintaining smoke alarms (since this requires use of a step stool or ladder), or through fire-related injury due to failure to install or maintain. It should be noted that smoke alarms come with instructions to test them once a week, which if complied with may constitute a substantial risk exposure.

## Age-Related Characteristics

**Functional Reach**—Decreases in the functional reach may make it harder to extend reach far enough to push test buttons or change batteries on smoke alarms.

**Movement/Strength**—Restrictions in movement may make it more difficult to use step stools, which are required to test most smoke alarms and change batteries. Another problem may be to grasp and twist the smoke alarm in order to disassemble it from the ceiling mount.

**Balance**—Disturbances in equilibrium may make it more difficult to maintain balance while on step stools testing and maintaining smoke alarms.

**Vision**—Visual decrements may make it more difficult to see the small power indicator lights on smoke alarms, or to read instructions. Legibility may be especially poor for messages printed in raised, non-contrasting letters.

### Design Considerations

- *Physically separated sensor and battery pack and/or tester.* The latter can be located on the wall, and would not require the use of a step stool for testing or maintenance. Either an esthetically acceptable external connection, or a more expensive in-wall wiring system can be considered.
- *Distinct auditory warning that indicates low batteries.* The "chirp" that is typically used to indicate low batteries may be difficult to hear, and people sometimes misinterpret its significance (thinking it is a malfunction). The use of a redundant visual cue such as a flashing lamp) will improve detection, and can also orient the user to a message explaining the meaing of the signal.
- *Easily mountable smoke alarms.* This could be done so that the smoke alarms can be removed or disassembled more easily. Maintenance (changing batteries, testing) should not have to be done at the ceilling level. Possibilities include a pull that drops the mechanism down from the attachment, or mounting the whole unit on a "hook-and-loop" (adhesive cloth) strip. Also, the difficult grasping and twisting motions required to disassemble many smoke alarms are inappropriate for many older consumers, even when not required at ceiling height.

# Power Saws

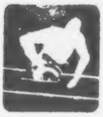
### Accident Scenarios

—The victim is using a table saw, with which he is very familiar, but that has no blade guard in place. He is guiding the wood through with his hand when his hand or fingers contact the blade.

—The victim is cutting a board with a table saw with no blade guard in place. He is guiding the wood through with his hand or a push stick, when the wood suddenly bucks upward. The victim quickly attempts to push it back down when his hand contacts the blade.

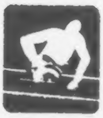
- —The victim is using a portable saw without a blade guard, or with a malfunctioning blade guard. He misjudges the relationship between the saw and his free hand, allowing this hand to slip into the blade.
- —The victim is using a portable saw when the saw suddenly kicks back out of the wood and strikes the victim in the leg.

## Age-Related Characteristics



**Vision**—Declines in visual functioning may make it more difficult to see the path mark and cutting area, and to maintain an accurate mental model of the dynamics of the changing relative positions of hands, wood, and blade. This increases the likelihood that the hands will contact the blade. Poor work area illumination can compound the problem.

**Strength**—Age-related declines in strength may make it more difficult to finely control table and especially portable saws. In addition, reduced stamina and increased fatigue may reduce coordination.



**Movement**—Limitations in movement and flexibility may increase the likelihood of difficulty in manipulating the work, especially during awkward maneuvers.

**Slowing of Behavior**—Slower reaction times may make it more difficult to control the saw during emergencies (e.g., when the saw or wood kicks back).

## Design Considerations

- *Light for front of the saw.* This would help illuminate the blade and cutting surface.
- *Clear blade location and the saw path.* Often the blade location is only defined by a small notch in the deck of a portable saw. Some more positive and distinct marker, such as a pair of inwardly pointing arrows, could define both blade location and swath (that is, the width of the path cut by the saw). It may also be possible to better define the preview path, such as by projecting intense light spots directly forward from the blade, or even by cross-hair "sight" type alignment.
- *Improved push sticks.* Possibilities include push sticks that can "grip" the wood through suction, and are angled downward for improved torque. An automatic feed on table saws would provide even greater protection, so that the hands do not need to be used to guide the wood through (if the cost of such a feature can be kept moderate).
- *Improved blade guards.* These should be designed so that operators do not remove them because they are a nuisance.
- *Anti-kickback devices (pawls) on table saws.* These would help prevent the wood from bucking upward.

# COMMON AGE-RELATED CHARACTERISTICS

The human body and its capabilities change in many ways in the course of aging. Some abilities peak and begin decline in the 20's; others may not be seriously affected until very advanced age. The range of age-related changes is important to appreciate if product designs are to meet the needs of all segments of the normal consumer population.

The previous section used selected products to show how certain characteristics of older population groups related to accident patterns and associated product modifications. In this section, a more comprehensive and organized list of age-related changes is presented. This list emphasizes the characteristics of older adults, as a group, that are most likely to be importantly related to consumer product accidents.

The catalogue of characteristics presented here does not describe any particular person, and should not be read as a means of stereotyping an older individual. In fact, a given characteristic may be true of only a minority of people, even at advanced age. Nonetheless, if some reduced ability occurs at a much higher rate for the older population, even though it may not typify most individuals of that age, it is a potentially important safety consideration.

# Vision

### Example

A 66-year-old woman was using a hand-held power hedge trimmer. She was holding the trimmer in her right hand, and a branch of the hedge to be trimmed in her left hand. She misjudged the distance between the trimmer blades and her fingers, allowing the blades to lacerate her hand.

Deterioration of basic visual functioning may have contributed to this accident. Decrements in focus and depth perception may have caused the victim to misjudge the position of the blades relative to her hand.

## Refractive Power

From about age 30 to the mid-sixties, the eye typically becomes more far sighted (hypermetropic), due to the lens flattening. But from the midsixties on, the eyes become more nearsighted (myopic).

## Accommodation

With increasing age, there is a loss in the ability of the lens to maintain sharp focus, whatever the object distance. This focusing, termed accommodation, is accomplished by the lens changing its shape. The loss of accommodative ability is very typical and shows a nearly linear loss with age from childhood through the sixties (although there is some acceleration in the fifties). Focusing at short distances becomes especially difficult, and the resulting near-vision loss is called presbyopia. It should be noted that corrective lenses can remedy most of these problems.

## Static Acuity

Static acuity refers to the ability to discriminate fine detail. There is a progressive decline from the fifties, which accelerates in the seventies. Acuity varies with the amount of light; age-related decrements are more severe in dimmer light.

## Contrast Sensitivity

While acuity refers to discrimination of *fine* detail, contrast sensitivity refers to visual sensitivity to a *range* of target sizes. This aspect of visual ability has been found to relate to real-world performance better than static acuity for a variety of tasks. This is a relatively new measure, and the effects of age are not fully clear; however, it appears most likely that the smaller target sizes show greater deficits, particularly from the sixties on.

## Dynamic Acuity

Dynamic acuity refers to the ability to perceive detail in moving objects and is quite distinct from static acuity. This ability shows a very distinct drop with age, although the relationship is fairly complex and depends somewhat on measurement conditions.

## Dark Adaptation

This refers to the increase in the visual system's sensitivity when illumination (light) decreases. There do not seem to be dramatic age differences in the time it takes to adapt, but there are very reliable age differences in the final level of adaptation (that is, "sensitivity" in the dark). While the decline begins in the twenties, it becomes more accelerated from the sixties on.

## Color Vision

There is generally poorer discrimination of the green/blue/violet portion of the color spectrum for all age groups, but this becomes particularly pronounced as age advances beyond 70. Much of this is probably due to changes in the color sensitivity of the lens of the eye.

### Depth Perception

The perception of depth is a complex process, and makes use of numerous visual cues. These include stereopsis (disparity in the retinal images of the two eyes), the angle of convergence of the eyes, relative size of an object, surface texture cues, accommodation, movement parallax, and others. While there is some evidence of an age-related loss for at least some cues involved in depth perception, the effects of aging are not well known.

### Glare Sensitivity

Glare results from extraneous light reducing visual effectiveness. There are two major types of glare, and older adults are more susceptible to both. Veiling glare is due to the scatter of stray light, which reduces contrast. Susceptibility to this appears to increase after age 45. Scotomatic glare occurs when a bright light source overstimulates the retina of the eye. The degree of loss of visual sensitivity, and the recovery time, increase with age.

### Visual Field

The extent of the area over which effective sight is maintained, termed the visual field, shrinks progressively with age, particularly from the mid-fifties on, and may be radically reduced at the mid-seventies.

### Common Visual Pathologies

These pathologies are not a direct part of the aging process, but show increased incidence, at fairly high levels of occurrence, for older populations. The most common visual pathologies include:

Cataract (5-7% of those over 65)
Glaucoma (3-5% of those over 65)
Senile Macular Degeneration (1-3% of those over 65)
Diabetic Retinopathy

### Perceptual Organization and Style

The light-sensitive part of the eye (the retina) receives a complex and ever-changing pattern of light and dark, and color. The visual system and the brain must organize this array of information into a meaningful scene. Older people may have more difficulty in perceptually organizing ambiguous, complex, or incomplete images. Interfering or irrelevant stimuli are more disruptive. With age, perception becomes more "field dependent" (less able to impose structure), an ability that is known to relate to accident risk in driving.

### Visual Scanning

There are reported differences in how older and younger adults search a complex visual field. The search of older adults is somewhat more inefficient and less flexible. Older viewers have decreased abilities for tracking an image across the visual field. Extraneous stimuli appear to be more disruptive of search for older people. However, none of these reported effects is well quantified.

## Hearing

### Example

An 80-year-old man was asleep in his bedroom when a fire caused the smoke alarm down the hall to sound an alarm. The victim did not hear the alarm and was eventually overcome by smoke.

Declines in hearing ability probably contributed to this injury by reducing the likelihood that the victim would be awakened by the smoke alarm.

### Hearing Sensitivity

There may be a pervasive loss of hearing sensitivity with age, termed presbycusis. This hearing loss is more pronounced for higher tone frequencies, and is more pronounced for men than women. Effects can be clearly seen from the forties. For a typical 65 year old male, loss at important middle frequencies of 2000 to 4000 Hz may be about 20-25 decibels, and might exceed 50 decibels above 10,000 Hz.

### Pitch Discrimination

Although research findings have not been clear cut, it appears that the ability to discriminate between different tones also deteriorates with age. This is most pronounced for low and high pitches, and appears to accelerate after age 60.

### Masking in Noise

Perception of one sound can be "masked" (made less audible) by the presence of other sounds. Masking involves a variety of complex processes, and age effects are not well studied or easily summarized. But for at least some conditions, noise interferes with perception more for aging groups than for younger people.

### Speech Perception

The perception and comprehension of speech sounds involve specialized properties, and difficulties in speech perception are not simply related to hearing loss for simple non-speech sounds. Under good listening conditions, the ability of older adults to understand speech suffers slightly more than perception of non-speech; but as listening conditions get worse (noisier or more distorted), speech perception deteriorates much more rapidly.

### Localization

Limited research suggests that older adults have more difficulty in localizing the source of a sound, for at least lower pitch sounds.

## Balance (Equilibrium)

### Example

A 73-year-old woman had finished bathing and was attempting to exit the bathtub. She stood up and in lifting her leg over the side of the tub, lost her balance and fell, suffering contusions to her head.

Decrements in the ability to maintain and recover balance increase the probability of accidents such as this. In this particular case, the change of position from sitting to standing presented a heightened chance that equilibrium would be lost.

Deterioration of various components of the vestibular system, which are detectable after age 50, contribute to disturbances of equilibrium in older adults (presbystasis). Vertigo, dizziness, and lessened ability to make accurate positional adjustments to maintain balance increase the risk of falls, particularly in extreme or rapid changes of posture (e.g., bending forward or backward).

# Smell and Taste

**Example**

The electrical cord on a 68-year-old man's reading lamp was badly worn. The cord began to smoulder, but the man did not smell it burning. Eventually, the cord ignited the carpet, causing a fire that spread to the draperies and other furniture.

Deterioration in the ability to smell probably contributed to the incident. Had the victim detected the odor of the smouldering cord, he may have been able to prevent the fire, or to seek assistance.

The "chemical" senses of smell and taste both show important changes with aging. Taste is probably rarely directly related to product safety, although it can indirectly affect safety through its effect on general well-being. Smell (olfaction), in contrast, is often an important cue to danger. Smell sensitivity remains fairly stable through the sixties, then begins (on the average) to decline sharply, but the difference between individuals becomes very extreme.

# Skin Senses (Somatic Sensitivity)

**Example**

A 61-year-old woman using a gas-powered monofilament line type weed trimmer on her lawn. She bent over to clear away some debris, and did not realize that the trimmer's muffler was close to her leg until it contacted her skin, causing second degree burns.

Changes in the sense of awareness of the location of body parts (kinesthesis), and possibly reaction to pain stimuli may have contributed to the injury.

## Touch (Tactile)

Sensitivity to touch declines after middle age. "Touch" is actually a very complex sense involving several different physiological receptors, with different locations and distinctly different kinds of sensitivity. For this reason, global generalities are not possible. For example, loss of sensitivity with age is more pronounced for smooth, hairless skin, and for certain body regions (hand, lower body).

## Pain

The effect of normal aging to pain is unclear and difficult to measure. Some research has shown diminished sensitivity, but contradictory findings also occur. Medical problems and drug use may reduce sensitivity. It does appear that for at least some conditions, pain thresholds increase with age, particularly heat-induced pain among females.

### "Body Sense"—Kinesthesis

Kinesthetic senses (that is, the ability to sense the position of the body and limbs) are widely variable among the adult population, but there is some loss of sensitivity to body position, as tested by the ability to report the position of passively moved limbs. The loss of sensitivity is most pronounced for the lower body, in particular for the hip and knee joints.

# Arousal and Sleep

### Example

A 76-year-old woman was reclining in an upholstered rocking chair while watching television. She dozed off with a lit cigarette in her hand. The cigarette fell in between the chair's arm and cushion, causing a fire. The woman was severely burned.

Chronic disruptions in sleep patterns and a lowered state of arousal may have initiated the incident.

There are definite changes in the pattern of sleep and the level of daytime arousal as aging progresses. The pattern of the stages of sleep differ, and complaints of poor sleep are very common (over one-third of those over 60); older adults awaken much more often during the night, and this increases with age. These awakenings are related to daytime sleepiness and there is more daytime napping. In terms of physiological indices of arousal, there is frequent chronic underarousal, and a lowered state of alertness.

# Speed of Behavior

**Example**

A 73-year-old man was entering his home through the front door, which also had a self-closing storm door. He let go of the storm door and began to step into the house, but before he could enter, the storm door closed on his trailing foot. He suffered lacerations to the ankle.

The general slowing of behavior related to age, including a slower reaction time to begin movement as well as slower movements, may have been a major contributor to the accident.

One of the most pronounced, reliable and clearly established age-related changes that has been studied is a general slowing of behavior. This slowing is diffuse—it is not limited to specific tasks, but pervades many kinds of behavior. Slowing appears in older adults in motor responses, sensory processes and reaction time, and becomes more obvious with increasingly complex behavior.

# Mental Processes (Cognitive Functioning)

**Example**

A 78-year-old man was preparing breakfast. He had a pot of water for tea on the stove, and was also cooking food on the burners and using an electric counter-top toaster oven. Dividing his attention between the various tasks, he forgot the food in the toaster oven. It eventually caught fire, causing the victim to suffer burns to the hand while attempting to put the fire out.

Changes in mental functioning may have contributed to the incident. Continuous attention had to be shared between simultaneous activities, and memory for each activity sustained.

### General Intelligence/Performance

In general, there is little change in the practical intelligence of older individuals. This means that everyday behavior does not change much in normal older adults, especially when the person is performing familiar, well-practiced tasks.

### Learning/Memory

The major area where memory changes appear to occur in older individuals involves the acquisition and recall of new information. In general, it appears to take older adults longer to learn and retain new information (eventually, however, they can learn new material as well as younger counterparts). Also, memory for meaningful information is not affected much by age.

### Problem Solving/Decision Making

Age-related changes have been found on problem solving tasks, with older individuals sometimes tending to use less efficient strategies to solve problems, and committing more errors than younger individuals. More generally, a slowing in decision making and problem solving has been found in older adults, especially when decision making becomes more complex and problem solving requires more steps.

### Attention

Older adults appear to have greater difficulty in maintaining attention than do younger people. Selective attention is affected in that older adults have more difficulty in discriminating relevant from irrelevant information. The ability to effectively *share* attention between simultaneous needs also declines. Attentional capacity (that is, the amount of information one can attend to) also appears to be diminished with age.

## Strength and Effort

### Example

A 74-year-old woman wanted to move her portable television from the living room to the bedroom. She bent over to pick up the television, but strained her back as she tried to carry it, and dropped it, injuring her foot.

Decreases in strength associated with aging, including arm strength, back strength and grip strength all may have contributed to the injury. Common conditions (e.g., arthritis, osteoporosis) compound strength declines in older adults.

There is a great deal of variability in how strength and stamina vary with age, depending on the muscle group, the type of muscular strength measured (dynamic or isometric), and most of all, the individual. But despite this variability, the general trend is for slight loss (10%-20%) from 40 or 50 up to age 60 or 70, but more severe loss thereafter. The loss is more pronounced in the legs than in the arms or hands; generally the decline is steeper, the greater the mass of muscle involved.

There is a steeper age-related decline in "maximal performance" than in "habitual performance." As an example, normal walking pace slows only a little with age, but maximal walking pace declines sharply.

The perception of effort also appears to change with age. For a given level of physical stress, the perceived exertion increases with the age of the individual.

## Body Dimensions and Movement (Anthropometrics)

### Example

A 84-year-old woman was baking a roast in her oven. She opened the oven door, bent over, and began to lift the pan out of the oven. She was not able to bend over far enough to get a good grip on the pan, and lost her balance. The pan fell from her hand, and she fell into the oven door, causing lacerations and burns to her upper body.

Restrictions in movement associated with aging, such as bending, reaching, twisting, lifting or grasping may increase the chances that such an accident, which demands awkward movements, will occur. Common pathologies (such as arthritis) compound this problem.

### Height

The decrease in height as aging progresses is fairly universal, and stems mainly from changes in the trunk, not the limbs. The loss of height becomes most pronounced after the fifties. Exactly how height changes with age is not easy to specify since it is related to the generation and population group under study.

### Other Body Dimensions

Some important dimensions, such as sitting height or seated eye height, change by approximately the same amount as height. Other dimensions, such a limb lengths, show little change. There are also characteristic changes in breadth measurements and general body shape.

### Weight

Weight changes are of course highly variable, and wide individual differences occur. The change for the population as a whole is for weight gain through the mid-to-late fifties, followed by weight loss thereafter.

### Functional Reach

Even though limb lengths change little, the *functional* reach (that is, how far one can actually reach) of an individual can be diminished. To some extent this is related to normal aging changes in joint mobility, and in other, more extreme cases, it is related to common pathologies (e.g., arthritis).

### Movement

Movements of various kinds can be limited by normal aging and by many common pathologies. These limitations can include turning of the head or torso, bending, grasping, turning the wrist, rotating the limbs, stepping, climbing, and so forth. Joint function shows a steady decline from the twenties, as the structures of the joint suffer cumulative wear and changes in physical properties, such as flexibility. Arthritis, osteoporosis, back pain, and other common maladies amplify these problems.

## Medication

Medication use is very widespread for older population groups, and the amount of drug use increases regularly with age. The typical person over 65 is using multiple prescription drugs, and only a small minority use no drugs at all. Many of the very common drugs, for problems such as heart disease and nervous disorders, are known to influence basic abilities. The many drug effects include confusion, drowsiness, poorer balance, and so forth, and many users are not aware of these impairing effects. These effects may serve to compound problems due to age-related changes outlined above.

## ITEM 17. ENVIRONMENTAL PROTECTION AGENCY

*November 14, 1988.*

DEAR MR. CHAIRMAN: This is in response to your letter of September 21, 1988, for information regarding research on aging performed by the Environmental Protection Agency (EPA).

This topic is of considerable concern to us. However, because of research deemed to be of higher priority, we do not have many experiments underway on aging at this time.

Because of the importance of this topic, we have participated and sponsored through the Task Force on Environmental Cancer and Heart and Lung Disease, a workshop to explore the relationship between environmental toxicity and the aging process. From that workshop resulted "Aging in Today's Environment", published in 1987 by the National Academy of Sciences. This book also contains research recommendations identified by the participants. These recommendations are now being considered by appropriate experts in Europe and the USSR, and by the staff at the National Institute on Aging (NIA).

Further, through EPA's participation in the International Programme on Chemical Safety (IPCS), a meeting was held in Leningrad (September 1988). This meeting addressed the issues associated with the evaluation of the effects of chemicals on the aged population and the aging process. As a result of this meeting, it was decided that an IPCS Criteria document entitled "Principles for Evaluating the Health Risk of Chemicals on the Aged Pupulation: Needs of a Special Approach" would be produced in draft form in March/Arpil 1989. Another result of that meeting is that a second activity will be initiated dealing with the effect of environmental chemicals on the aging process. The second activity will include a workshop, tentatively scheduled for March 1990, addressing the effect that environmental agents have on the aging process. Both these activities will involve EPA personnel.

The Agency continues to be involved in basic research to assess the effect of aging on the sensitivity of biological responses resulting from exposure to environmental compounds. This research is conducted in our Office of Research and Development in the Health Effects Research Laboratory, Research Triangle Park, North Carolina. Several studies in the project entitled "Evaluation of Toxicant Effects on Reproductive Senescence" are underway evaluating both reproductive and other effects of exposures to xenobiotics during the aging process. Also, different physiological variables are periodically measured in various aged animals to identify aging functional parameters and the effects exposures to xenobiotics have on the aging process. These assessments are performed as "targets of opportunity" in appropriate studies not specifically identified as relating to aging.

I hope this information will be of use as you prepare your annual report on Aging.

Sincerely,

LEE M. THOMAS.

Enclosure.

### SPECIFIC RESEARCH PROJECTS

A. Name of Investigator: Deborah Drechsler-Parks.

B. Institution: University of California, Santa Barbara.

C. Title of Project: Pulmonary, Metabolic, and Ventilatory Responses of Older Men and Women to Ozone and Nitrogen Dioxide (R81-3049-03).

D. Project Period: August 1986 to August 1989.

E. Funding Level for Fiscal Year 1987: $166,849 (Total: $519,627).

F. Brief Abstract: The purpose of this research is to investigate the metabolic, ventilatory and pulmonary function responses of non-smoking men and women of 60-70 years of age to ozone and nitrogen dioxide exposures. Resting and exercise conditions will be evaluated after exposure to 0.45 ppm ozone, 0.60 ppm nitrogen dioxide, and to a mixture of these two gases.

A. Name of Investigator: Ralph E. Cooper.

B. Institution: Health Effects Research Laboratory, ORD, EPA, RTP/NC.

C. Title of Project: Evaluation of Toxicant Effects on Reproductive Senescence.

D. Project Period: Ongoing.

E. Funding Level for Fiscal Year 1987: $60,000.

F. Brief Abstract: There are two objectives in this research effort. The first is to identify to what degree older animals are sensitive to toxicants known to affect their reproductive systems, especially in the male rat. The second objective is to determine how environmental contaminants alter the aging process within the reproductive system (using both male and female rats). Although the specific studies address reproductive function, the interest is concerned with the broader physiological changes which occur with age and the interaction between aging and toxicity.

## ITEM 18. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

*December 5, 1988.*

DEAR MR. CHAIRMAN: On behalf of Chairman Clarence Thomas, I am enclosing the Equal Employment Opportunity Commission's submission for the committee's annual report pursuant to your September 21, 1988 request for 1987 data and information. We also are enclosing for your information a news release pertaining to EEOC's 1988 enforcement of the laws against employment discrimination.

Please let me know if you have any questions.

Sincerely,

DEBORAH J. GRAHAM,
*Director of Communications and Legislative Affairs.*

Enclosures.

### EEOC SETS RECORD CIVIL RIGHTS ENFORCEMENT IN 1988

WASHINGTON—Chairman Clarence Thomas today announced that the U.S. Equal Employment Opportunity Commission in Fiscal Year 1988 investigated a record number of discrimination charges, significantly reduced its year-end pending inventory of cases, filed the most court actions in agency history, resolved more lawsuits and obtained more monetary benefits for discrimination victims through litigation than ever before.

"We have made tremendous strides in improving quality while increasing productivity," Thomas said. In June, EEOC received the Office of Management and Budget's Productivity Improvement Award.

During Fiscal 1988, preliminary data showed EEOC received 58,853 charges of discrimination to investigate, closed 70,922 and ended the year with a pending inventory of 53,056 charges. Approximately 3,000 additional charges filed with state and local fair employment practices agencies were deferred to EEOC to process. A significant increase in charge closures over last year resulted in reducing the agency's pending inventory by 8,630 cases.

EEOC during Fiscal 1987 received 62,074 charges, closed 53,482 and ended the year with an inventory of 61,686.

Of the 70,922 cases closed by EEOC during 1988, 52.4 percent were closed after complete investigations in which the agency either found cause or no cause to believe discrimination had occurred. Fifteen percent of all cases closed had merit in that there was a settlement, withdrawal of the charge with benefits to the charging party, or a cause finding which resulted in a successful or unsuccessful conciliation.

"This Commission has emphasized more full investigations, full relief for victims of discrimination and a commitment to consider litigation in every case in which cause is found and conciliation fails," Thomas said.

During Fiscal 1988, preliminary data shows EEOC filed 554 court actions. Of those, 304 were lawsuits filed under Title VII of the Civil Rights Act of 1964, 106 were Age Discrimination in Employment Act suits, five were Equal Pay Act suits and 24 were filed concurrently under Title VII and one of the other statutes EEOC enforces. Subpoena enforcement actions totaled 115.

In comparison, during Fiscal 1987 EEOC filed 527 court actions, including 320 Title VII suits, 69 ADEA suits, 12 EPA suits, 29 concurrent suits and 97 subpoena enforcements.

In Fiscal 1988 EEOC resolved 535 lawsuits, the most ever resolved by the agency in a single year. During Fiscal 1987, EEOC resolved 459 suits.

EEOC recovered $130,273,151 on behalf of victims of discrimination during Fiscal 1988, preliminary data shows. Of that amount, $74.7 million were recovered through pre-determination settlements and conciliations in the administrative enforcement process and a record-high $55.5 million were recovered through out-of-court settlements, consent decrees and judgments.

"We have intensified recruitment and training, enhanced case tracking and management systems, modified employee performance standards and increased audits of investigative files," Thomas said. "We have seen a marked improvement in the quality of investigations since implementation in 1987 of the Determinations Review Program (DRP) for charging parties to appeal to agency headquarters cases in which EEOC field offices find no discrimination."

During Fiscal 1988, DRP received 8,604 requests for headquarters review of no cause findings. DRP closed approximately 5,495 appeals. Decisions were issued on

88.6 percent of the appeals closed. The remainder were closed because they were withdrawn, private suits were filed, cases were settled or for other administrative reasons. DRP sustained 99 percent of the field offices' findings and reversed one percent from no cause to cause. DRP remanded 235 cases to field offices for further investigation.

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

# Office of Program Operations

# Annual Report FY 1987

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# OPO ANNUAL REPORT FY 1987
# EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

## PREFACE

The Office of Program Operations (OPO) was established in October, 1982 to administer the Commission's non-litigation enforcement activities both in Headquarters and in the 48 field offices. One of the purposes of the 1982 Headquarters reorganization, from which OPO was created, was to consolidate functional responsibilities in order to establish single line accountability. Therefore, OPO manages the Commission's public and private program operations through two program service areas and a field network comprised of 23 district, 16 area, and 9 local offices.

The OPO annual report attempts to recapture for the reader major activities initiated and/or completed during the fiscal year. It is based on information reported during the year by the program areas and manually developed statistical data from which trend analyses regarding the activities are completed. The conclusions reached in the report result from OPO's assessment of the accomplishments of its headquarters and field staff and the contribution to Agency-wide progress which has resulted from these efforts.

The first annual report was developed and issued during fiscal year 1984. The purpose of report was to inform the Commission of the status of EEOC's administrative enforcement operations and to highlight accomplishments of the program components. This continues to be OPO's sole purpose for development and release of this report.

After the introduction, which explains OPO's organization and delineates the program responsibilities of its service areas, the report is divided into three distinct parts.

a. A narrative discussion of FY 87 goals and objectives.

b. Summaries of the major activities in Field, Srstemic, Federal Operations, Determination Review, and Research and Surveys Staff.

c. Charts and graphs of field operations provide chronological comparisons of program performance indicators in order that three to five year trends in charge and complaint processing may be determined by the reader. For the first time, charts which depict the Federal complaint process are included. It is noted that Federal agencies have not reported to EEOC on their FY 87 complaint activity.

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Any questions, comments, or requests for clarification of information in this report may addressed to the Equal Employment Opportunity Commission, Office of Program Operations, 2401 E Street, N.W., Room 424, Washington, D.C. 20507, or by telephone contact on (202) 634-6831.

## I. INTRODUCTION

The Office of Program Operations (OPO) provides managerial oversight of the Commission's administrative enforcement programs and activities both at headquarters and throughout the field establishments. In addition to the Office of the Director, OPO's activities were completed during FY 87 through five program areas, i.e., Field Management Programs (FMP), Systemic Investigations and Individual Compliance Programs (SIICP), Federal Sector Programs (FSP), Research and Survey Programs and the newly created Determinations Review Program (DRP).

Field Management Programs is responsible for providing managerial, administrative and program assistance to 48 field offices. This year the three regional program units were merged into two; East and West, each is under the leadership of a Field Management Program Director. FMP staff maintained constant contact with the 23 district, 16 area, and 9 local offices and completed intermittent on-site reviews of their activities.

Systemic Investigations and Individual Compliance Programs identifies and investigates large pattern and practice discrimination cases, provides technical guidance to field systemic units, and assures that all systemic and limited scope charges developed in the field and at headquarters reflect the Commission's policy and legal standards prior to presentation to the Commissioners. With three separate divisions, this service area also develops funding principles and guidelines governing the Commission's relationship with State and Local Fair Employment Practice Agencies (FEPA) and Tribal Employment Rights Organizations (TERO). Finally, this program area is responsible for developing manuals for both individual and systemic charge processing procedures.

Federal Sector Programs develops instructions and guidelines for affirmative employment programs and the discrimination complaint process within the Federal government. Its two divisions provide daily guidance to field affirmative action and hearings staff, conduct on-site reviews of affirmative employment programs at field and headquarters levels of Federal agencies, develop appropriate training for Federal agency EEO personnel, and assure that manual procedures and periodic reports are developed, revised, and disseminated within the Federal community.

In addition, this program area serves as Executive Secretariat for the Inter-Agency Committee for Handicapped Employment.

Determination Review Program is responsible for implementing the Commission's no cause Determination Policy issued December 15, 1986, which directed that charging parties and complainants be granted the opportunity to seek headquarters review of no cause determinations issued by the field offices. The review procedure is intended to assure charging parties/complainants that the Commission's investigations are impartial, thorough, and legally sound.

Research and Surveys Staff is responsible for conducting or monitoring contracts which collect data for five national employment surveys. These are: the EEO-1 for private employers, the EEO-4 for State and Local government employers, the EEO-6 for higher education staff, the EEO-5 for elementary-secondary staff employees and the EEO-3 for referral unions. These surveys report work force data by race/ethnic categories and by sex and provide occupational and geographic breaks. Surveys also conducts research studies based on these data and fills more than 1,000 requests for information annually.

## II. GOALS AND OBJECTIVES FOR FY 87

OPO identified several specific operational objectives at the beginning of FY 87. These objectives are in addition to the primary function performed by each of these units. Following are OPO's most significant objectives for FY 87:

## FY 87 Field Management Objectives

-Development and implementation of office specific methodologies to improve the quality and timeliness of charge processing, litigation vehicles, and management of charge inventory.

-Identification of offices and systems that require further development of charge investigation and processing mechanisms and provision of appropriate assistance thereto.

-Continue implementation of the Agency's technical assistance and education initiative through monitoring and support.

In order that these objectives may be accomplished in an acceptable manner, Regional Programs also has the following operational responsibilities:

-Enhancing the field-headquarters relationship.

-Providing clear assistance in the development and movement of litigation vehicles.

-Assisting district management in the establishment and implementation of QA programs.

-Assisting in further development of automated data processing capability in the district to insure accuracy in reporting data from the field.

-Enhanced coordination within OPO and other headquarters offices in matters which impact field operations.

## FY 87 SIICP Objectives

-Development and revision of appropriate compliance manual procedures through systemic approach to field involvement.

-Maintenance of tight coordination among SIICP, Field Management Programs, and field staffs in all matters relating to field systemic operations.

-Expeditious investigation of Commissioner charges utilizing case specific workplans with planned completion of investigative milestones.

-Development and/or revision of principles and procedures which facilitate effective operation of the FEPA and TERO charge processing and contracting program.

-Timely dissemination of appropriate information to the public through efficient operation of the Agency's public information system.

In addition, SIICP has the following operational objectives:

-Enchancing the field-headquarters relationship.

-Completing intermittent analysis of FEPA/TERO performance under FY 87 contracts.

-Providing training, technical assistance, and materials to the FEPA and TERO communities.

-Reviewing the field substantial weight and certification review processes to insure the integrity of accepted charge resolutions.

-Completing intermittent reports on the 800 number utilization on investigative progress by headquarters staff, on processing status of field systemic charges, and on general activities of SIICP.

### FY 87 FSP Objectives

-Issuing instructions to federal agencies for multi-year affirmative employment planning cycle and procedural manuals on complaints processing.

-Dissemination of appropriate guidance and technical assistance to Federal agencies in the development of new multi-year affirmative employment programs and plans.

-Development and delivery of necessary guidance and training in complaints processing for Federal Agency and EEOC personnel.

-Development and assistance in implementation of district specific methodologies to improve management of the district hearings workload.

In addition, FSP has various operational responsibilities, among which are:

-Enhancing the internal field-headquarters relationship.

-Completing data and narrative analysis of the first multi-year affirmative cycle.

-Establishing mechanisms for quicker development and analysis of government-wide affirmative action and complaints statistical information.

-Assuring that appropriate coordination with Field Management Programs and other headquarters offices is completed in each activity where interest or responsibility is shared.

## III. OFFICE OF PROGRAM OPERATIONS FY 87 ACCOMPLISHMENTS

### Field Management Programs (FMP)

Field Management Programs underwent a reorganization which became effective on June 7, 1987. At headquarters the three Regional Programs were merged into two Field Management Programs (East and West). The Chicago, Indianapolis, St. Louis and Milwaukee District offices were added to the former Region III offices to make up the new West region. FMP-East incorporated Detroit, Memphis, New Orleans and Cleveland with the former Region I offices. The missions and functions of those in these support programs have remained the same. However, it is expected that this change will facilitate greater uniformity in reviewing field office activities and consistency in providing managerial and technical assistance and administrative support. This should also result in improved headquarters oversight of field enforcement activities.

In September of 1987 EEOC added two new local offices, one in Savannah, Georgia reporting to the Atlanta District Office and one in Honolulu, Hawaii, reporting to the San Francisco District Office. The establishment of these new offices resulted from the Commission's policy to conduct biannual studies of district offices geographic responsibilities based on an assessment of the distribution of case load by areas, accessability of the office to the charging parties and travel required to conduct the necessary investigation. The most recent of these studies indicated a need for EEOC representation at these locals.

The Savannah Local Office will have jurisdiction over 40 counties in the southeast of Georgia and the Honolulu Local Office will serve the State of Hawaii. The El Paso Local Office has been upgraded to Area Office status and will be reporting to the San Antonio District Office instead of the Dallas District Office.

The OPO reorganization also created the Determinations Review Program which was established as part of EEOC's effort to enhance the quality of charge reviews by allowing charging parties to request the review of no cause determinations. The establishment of this program is discussed in a later section.

Some major organizational changes occurred in the field. The old district office structure included three organizational units; an intake unit, extended charge processing unit and a rapid charge processing unit. These units have been replaced by a charge receipt/technical information unit and enforcement units.

The functions and staffing for these units have been changed. Instead of designating specific staff for intake all investigators are rotated into the intake function; the philosophy being that this will result in intake decisions that are made by the most experienced staff. The distinction between a rapid unit which handled less complex cases and an extended unit which handled the more complex cases has been eliminated. The new emphasis is on quality review of all types of charges.

It is expected that these organizational changes will result in enhanced information gathering during the initial stages of the investigative process, expedite investigations, and utilize staff more effectively. During the transition period for the field reorganization all investigators who were newly assigned to the enforcement units received on-site training on investigative procedures.

## Investigations Training

In FY 87 there continued to be a strong focus by the Chairman and Commissioners on improving the quality of work performed by EEOC staff in all areas under its jurisdiction. As part of this effort the Office of the Chairman, coordinated a national field investigator's training conference for the purpose of improving the quality of investigations. In the past EEOC investigators were provided training on how to conduct investigations when they were hired. This training was provided at each district office. It was determined by headquarters that there was a lack of uniformity in this training, which resulted in the fact that some investigators were better able to process cases than others. Because of these inconsistencies a massive training effort was conducted.

The Office of Program Operations played a major role in this training. More than 1,300 field investigators participated in the first ever comprehensive training conference in the Commission's history. Participants attended one of three week-long training sessions held between June 8 and June 26.

This large scale training conference was unique in that the training was conducted primarily by experienced field investigative personnel. The training followed a case study approach which traced a charge from the time it is received by EEOC until a response is made to the complainant. Indepth sessions were conducted in the following areas: taking a charge; developing an investigative plan; witness interviews; analyzing records; determining the credibility of witnesses and corroborating evidence, and finally pulling it all together for the investigative memo, which indicates the outcome of the case. The training was highly rated by the participants. This training was also conducted at headquarters for all professional staff within EEOC.

## EEOC Satellite Seminar

In September the Office of the Chairman initiated a satellite conference to provide comprehensive equal employment opportunity training targeted at small business, labor organizations and civil rights organizations. This special event was facilitated by the Office of Program Operations (OPO) staff in fifty-five cities across the nation. It consisted, of via satellite: panel discussion with the EEOC Chairman, Commissioners and General Counsel; an opportunity for the TV audience to ask questions of this panel, and three video dramatizations illustrating how to comply with EEO laws. Throughout the sessions local EEOC facilitators led discussions on the material being presented in the tele-conference. More than 4500 persons attended the sessions throughout the United States. EEOC field staff played a crucial role in the success of this effort, by selecting sites, marketing and by acting as discussion leaders.

### Field Office Management Conference

In July OPO held its annual Field Office conference in Dallas which was attended by the directors of every district, area, and local office, and all regional attorneys. This was the first time that area and local office directors attended these meetings. The primary purpose of these meetings was to identify and address the unique problems affecting district, area or local offices. Separate meetings were held with district, area, and local directors as well as joint forums on common concerns. Many of the recommendations made at the meeting were incorporated into the OPO goals and objectives.

Some of the issues discussed at the conference were: the Field Investigators training, the new Office of Determinations and Review, and the integration of enforcement and litigation. The greater portion of the conference was dedicated to working meetings for District, Area and Local Directors and Regional attorneys to discuss management problems and meet with headquarters management.

## Field Operations Summary

### Charge Processing

### Receipts

EEOC charge receipts decreased by 4.3%, from 68,822 in FY 86 to 65,844 in FY 87. EEOC was required to process 62,074 of the charges, 5.5% less than FY 86. FEP agencies waived an additional 3,241 charges for EEOC to process. During the past five fiscal years, EEOC receipts have decreased by 6.3%, from 70,252 in FY 83 to 65,844 in FY 87.

State and Local FEPA's (706 Agencies) charge receipts decreased by 1.7%, from 50,645 in FY 86 to 49,692 in FY 87. The "to process" total for FY 87 was 53,462, almost the same as the 53,801 in FY 86. FEPA receipts have increased by 14.4% over the past five years, from 42,515 in FY 83 to 49,692 in FY 87.

115,536 charges were filed during FY 87, 43% with the FEPA's and 57% with EEOC. This total is 3.3% less than the FY 86 combined total (119,367), and 1% less than the 116,698 charges filed in FY 83.

Based on the worksharing agreements between EEOC and the FEPA's 3,770 charges received by EEOC were deferred to the FEPA's in FY 87 for initial processing. Therefore, the 81 agencies were expected to initially process 46.3% of the combined FY 87 charge receipts.

Title VII charges represent the largest percentage of charges received, i.e., 73.1% of EEOC and 81.4% of the FEPA receipts. Age charges represented 18.7% of EEOC and 14.6% of the FEPA charge receipts. Comparison of FY 86 and FY 87 receipts reveal that the percentage of age charges decreased while the percentage of Title VII charges increased in both EEOC and FEPA charge receipts.

### Charge Resolutions

Total charge resolutions decreased by 15.7% from 63,446 in FY 86 to 53,482 in FY 87.

57.9% of the charges had determinations issued after investigation. This is 4.6% less than the 62.5% in FY 86. 2.6% of all resolutions contained findings of reasonable cause. The rate of administrative closures rose from 25% in FY 86 to 29.5% in FY 87.

The percentage of charges resolved through negotiated settlement remained constant at 12.5%.

The percentage of successful conciliations remained at the same level (26.6%) in both FY 86 and FY 87.

### Inventory

Pending inventory increased by 10,919 charges in FY 87, from 50,767 to 61,686. This is a 21% increase in inventory and represents 12.6 months of work.

The percentage of "aged" charges (over 300 days) within the field staff's control increased from 9.9% in FY 86 to 26% in FY 87.

### Legal/Compliance Activity

Field staff recommended 632 cases to the Commission for litigation authorization, 69 fewer than FY 86.

### Technical Assistance/Education

The districts continued the Expanded Presence Program during FY 87. Field contact teams made 402 visits to contact points, received and responded to 2,831 inquiries from the public, and received 1,308 charges.

Field staff conducted 142 symposia for small business, in which 5,936 representatives of 3,217 businesses and organizations participated. This is 62 more symposia than were held in FY 86.

Section IV of this report provides detailed statistical data and graphs on the charge process.

## Systemic Investigations and Individual Compliance Programs (SIICP)

SIICP is responsible for identifying and investigating large pattern and practice discrimination cases, providing technical guidance to the field concerning limited pattern and practice, and scope charges which reflects the Commission's policy and legal standards prior to presentation to the Commissioners. SIICP consists of three program areas: The Program Development and Coordination Division; The Investigations Division, and the Field Contact and Legal Standards Division.

The FY 87 case load was presented to the Commission on September, 1987. There were 96 cases at various points in the administrative process. In FY 87 30 case actions were approved. A report titled, "SIICP - Report to the Commission, 1985-1987" provided a detailed description of all systemic cases for this two year period.

### Program Development and Coordination Division

### Compliance Programs Branch

The Compliance Programs Branch revised most Compliance Manual sections making changes required as a result of policy, adopted by the Commission. Sections were also revised to provide guidance on the no cause review process for the Determinations Review Program; handling of Non-CDP issues; supervision of benefits to aggrieved persons; and several new sections were added incorporating procedures for systemic charges. In total over 30 Compliance Manual sections were revised in FY 1987, (nearly three-fourths of the entire Compliance Manual Volume I). Additionally, development of other Sections has begun in order to include the Commission's Statement on Remedies and Relief, to merge ADEA and EPA procedures and to make the guidance applicable to systemic investigations. Comments from the District Directors were received and analyzed.

The Branch prepared monthly editions of *Field Notes*. It has updated and revised the Document Assembly System (DAS) to include ADEA and EPA. These clauses should save valuable time for the Investigator in developing the Request for Information (RFI). They have been placed on diskettes for utilization on the PC computer.

The Branch also provided written guidance to headquarters and field offices on many matters. Examples include:

-Employer contributions and accruals to pension and retirement plans pursuant to the rescission of the ADEA regulation at 29 C.F.R. 860.120;

-The Dallas training material for field offices;

-Guidance on representation of charging parties by non-attorneys;

-The validity of the provisions of a worksharing agreement under which an FEP Agency waives "initial processing" of a charge. (*Dixon v. Westinghouse* and *EEOC v. Commercial Office Products*);

-Analysis of sections of NLRB *Backpay* Manual for possible inclusion of similar procedures in EEOC Compliance Manual; and

-Participated with the EEOC work group developing joint EEOC/DOJ procedures for processing charges arising from the Immigration Reform and Control Act.

## State and Local Branch

The branch coordinated the EEOC/FEPA Conference which was held in Washington, D.C. The regional workshops resulted in a modification to the funding formula. A final version of the funding principals was drafted following the conference and were approved by the Commission.

The branch completed a comprehensive analysis of FEPA charge activity during FY 1986. The analysis served as a review of EPAs effectiveness, nationwide, as well as identifying areas to be covered in conference workshops.

In coordination with Staff Development and Training Division, the branch developed Basic Compliance training modules and materials for new TERO Directors. This included developing a video training module describing the intake process. The video tape was developed and tailored to address situations TERO's were likely to encounter.

The branch conducted the TERO Training Conference November 5 and 6, 1986 in Denver, Colorado. It also conducted an on-site inspection, deferred from FY 1986, of Hoopa Valley TERO to evaluate the impact the IPA appointment had on the Director in performing the duties of his office. The branch also conducted a study to determine the impact of TERO programs on Indian employment on reservations. The study highlighted the accomplishments of TERO's in furthering employment conditions for Indians through self-help and the elimination of unlawful discrimination.

The State and Local Branch was instrumental in bringing on line the new EEOC 800 number. Analysis of monthly reports indicated that the scripts should be renumbered to facilitate use by callers and reduce costs. Information was also added on the Immigration Reform and Control Act as it relates to Title VII and Amendments to the Age Discrimination in Employment Act. The new tapes have been recorded and installed into the communicator machine.

As part of the Branch's 706 designation responsibility, it completed 706 designation of (1) Lee County (Fla.) Department of Equal Opportunity; (2) Anderson (IN) Human Relations Commission and (3) West Lafayette (IN) Human Relations Commission.

The Branch completed a trend analysis comparing the sources of funding for FEP Agencies between FY 1980 and FY 1987. The report showed that the relationship between EEOC's and the State/Local governments; contribution to FEPA funding has not changed. The data was presented nationally, regionally and for individual FEP Agencies.

During FY 1987 the Branch conducted five training sessions to improve FEPA capabilities on the HERO system. In all, nearly 150 FEPA employees were given extensive training in Filepro (a 5 day package on reports generation) or Q-1 (a 4 day package on intergrated word processing functions).

## Investigations Division

The Investigations Division has the primary responsibility for investigating large pattern and practice cases. The recent settlement agreement between EEOC and Honda of America Manufacturing was one of three settlements recently achieved by the division. The Honda settlement, involved $460,000 in backpay and seniority adjustments for 85 identified age victims. The division also settled a Title VII charge for approximately $50,000 in backpay for five victims and also issued an age letter of violation against another major employer for nationwide violations.

The division is currently in the process of handling other cases including negotiation of a significant Title VII settlement; processing three Title VII class charges involving voluminous records and multiple nationwide facilities; investigation of two Commissioner's charges; a subpoena enforcement effort on one Title VII investigation and administrative processing of several other types of charges to reduce inventory.

Field Contact and Legal Standards Division

One of the Field Contact and Legal Standards Divisions main goals for FY 87 was to evaluate and identify the most effective approaches and techniques used by the field offices in processing pattern and practice charges. To accomplish this goal the staff surveyed district offices to obtain information regarding their current targeting activities. In addition, Regional Program Directors were also requested to provide comments on the systemic practices being utilized by district offices under their jurisdiction.

The 1987 Systemic Conference was held March 11-12. It included topical, field - oriented sessions on targeting, preparation of decisions, interviewing, logistics, investigation/proof development and negotiation of settlements. Various informational and instructional materials were prepared and distributed for use at the conference. The conference also included a session devoted to the needs of FEP Agencies. FEPA representatives were also invited to attend the EEOC field workshops.

The Division completed and continues to maintain a current, update Selected Recent Developments in Title VII and ADEA Law (Legal Update). In addition to maintaining a current digest/identification of significant case developments, the next edition of the document (which will be current through September 1987) will contain a table of cases to facilitate review and discussion. This paper is routinely used by the Division Director (and other Agency officials) when presentations are requested by the public, including State and local FEPA's.

The Division held quarterly telephone/conferences with each District Office to assist in processing systemic and limited scope charges.

**Federal Sector Programs**

During FY 87 EEOC's reorganization of Federal Sector Programs was implemented. The Office name changed from "Public" to "Federal" Sector Programs (FSP), and it functions through two Divisions: the Hearings Program Division (HPD) and the Affirmative Employment Programs Division (AEPD).

Hearings Program Division

Major improvements were made to the complaints processing system. The Commission approved revisions to regulations in 29 C.F.R. Part 1613 in May 1987. The revisions included additional grounds for cancellation of complaints, addition of a right of appeal to complainants when settlement agreements are breached, provision for adoption by agencies of the recommended decisions of EEOC Administrative Judges when they are supported by substantial evidence, and the addition of a new policy regarding remedies. Coordination with agencies resolved differences, and publication of final revisions in the federal register was accomplished on October 30, 1987. The Commission also voted to change the organizational title from Complaints Examiner to Administrative Judge.

The Division completed the Federal Sector Complaints Processing Manual, EEO-MD 107 which consists of updated and revised directives on complaint processing. It updates and replaces the directions contained in EEOC's management directives, management bulletins, and the old CSC FPM 713 series of letters.

FSP completed the FY 85 and FY 86 reports on federal agency pre-complaint counseling and complaint processing. The Report on Pre-Complaint Counseling and Complaint Processing is based on statistical data required on EEOC Form 462 from 70 agencies. These reports track the number and type of complaints filed by federal agencies and also provide an indicator of processing time. In general it was found that the number of complaints received by most agencies has increased from 1983 to 1986 and that processing time is lengthy. As a result EEOC has approved several pilot programs designed to improve agency processing time.

On-site reviews were conducted in five District Office Hearings Units to assure a standard application of laws, regulations, and policies. Reviewers examined cases for consistency with standards and policy, reviewed decisions, and noted technical and operational needs.

**FSP evaluated the second year of the Decisions from the Bench Program. Ninety percent of the District Office Hearing Units are now issuing decisions from the bench where appropriate.**

FSP concluded that the program is an effective tool for resolving requests for hearings within the guidelines originally approved by the Commission. It recommended continued review of decisions by certain offices.

### Other Hearings Program Accomplishments

#### Field and Headquarters Staff

- Responded to more than 4,000 requests for technical guidance from the agencies and aggrieved persons.

- FSP approved six requests from agencies to investigate complaints of discrimination in an effort to avoid conflict of interest.

- FSP staff gave 64 speeches and addresses to agencies or other organizations.

- FSP staff arranged a major training seminar for Administrative Judges covering policy areas of concern such as; use of decisions from the bench and processing of class complaints and including a special session for new Administrative Judges on standards and techniques.

- EEOC received 5,045 requests for Federal hearings during FY 87, compared with 5,254 for FY 86. The Administrative Judges resolved 5,047 cases, compared with 5,191 during FY 86.

- EEOC Administrative Judges averaged 72.4 resolutions each during FY 87, compared with 70.5 in FY 86. The FY 87 inventory of pending cases is 3,929 compared with the FY 86 pending inventory of 3,958.

#### Affirmative Employment Program Division

The Affirmative Employment Programs Division developed a new management directive (MD 714) for Federal affirmative employment programs for minorities and women for Fiscal Years 1988-1992. This new directive will improve the employment planning process and substantially contribute to the attainment of agencies affirmative employment program objectives. Some of the key enhancements are that federal agencies must identify top level officials whose responsibilities will be the implementation of the plan. The volume of data requested has been reduced by approximately 40% and EEOC will often obtain data directly from OPM. Also an effort was made to allow for the unique hiring and retention problems of individual agencies, by allowing flexibility in designing the new five year plan.

In conjunction with MD 714, two new training courses were developed. These courses titled, "EEOC for Supervisors and Managers" and "Complaints Processing" are both intended for upper level management in an effort to expand awareness and ownership for EEO programs.

FSP in conjunction with OPM also developed MD 713 the management directive for affirmative action for hiring, placement, and advancement of individuals with handicaps for FY 1988-1992. This directive supplements EEO-MD-712, Comprehensive Affirmative Action Programs for Hiring, Placement and Advancement of Individuals with Handicaps. Since handicapped individuals still represent only 1% of the federal workforce the primary focus remains access to federal jobs.

FSP published the FY 1984, FY 1985, FY 1986, Reports to Congress on the Employment of Minorities, Women, and Handicapped Individuals in the Federal Government.

### Other Affirmative Employment Program Accomplishments

- Evaluated 95 FY 86 affirmative action accomplishment reports and FY 87 plan updates for minorities and women.

-Evaluated 99 FY 86 accomplishment reports and FY 87 program plans for the affirmative action for hiring, placement and advancement for individuals with handicaps.

-Field staff conducted 216 on-site reviews under Section 501 of the Rehabilitation Act and Section 707 of the Civil Rights Act of 1964.

-FSP is responsible for staff work associated with the agenda and actions of the Inter-agency Committee on Handicapped Employment (ICHE), co-chaired by the Chairman of EEOC. FSP also presented for review and acceptance by ICHE, the FY 1985 and 1986 reports to Congress.

-FSP staff assumed lead responsibility in EEOC's co-sponsoring and planning a national symposium, "Perspectives on Employment of Handicapped Individuals". FSP also conducted a workshop on affirmative action planning at the symposium.

-FSP staff assisted in planning and implementing the teleconference for federal managers on "Hiring Handicapped Employees" sponsored by PBS.

-FSP headquarters staff participated in 86 seminars, workshops, and other conferences regarding Federal affirmative action programs during FY 1987. In addition, staff responded to 1,800 telephone and 130 written inquires about Federal affirmative action programs.

## Determinations Review Program

The Determinations Review Program (DRP) is responsible for implementing the Commission's Policy Statement, dated December 15, 1986. That statement and the regulations subsequently issued on July 17, 1987 (to be codified at 19 C.F.R. Part 1601), directed that charging parties and complainants be granted the opportunity to seek Headquarters review of no cause determinations issued by the field offices. The review procedure is intended to assure charging parties/complainants that the Commission's investigations are impartial, thorough, legally sound and professional.

The new regulations apply to most determinations issued by the Commission's field offices in which the evidence obtained during the investigation does not establish a violation of Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act, or the Equal Pay Act. Under the regulations, such determinations will detail the reasons for the findings so that the charging party or complainant will better understand the determination. Similarly, efforts will be made throughout the investigation to keep the charging party/complainant informed of how his/her case is being handled. In this way, (s)he will be better able to make an informed decision as to whether or not to request a Headquarters review of the no violation findings.

The determinations inform the charging party/complainant of the right to request a review and of how to do so. The charging party or complainant has fourteen (14) days from the date of the field office determination to submit a request for review to the Determinations Review Program. If the charging party or complainant does not make a timely request for review, then the determination issued by the field office becomes final. However, if the charging party/complainant does file a timely request for review, the field office determinations is not final and the case remains active. This is explained in the letter of determination and in the accompanying Request for Review form.

Once a timely request is received, DRP notifies the parties. In evaluating the field office determination, DRP ensures that the necessary evidence was gathered and that the determination was based upon appropriate legal standards and Commission procedures. After review, a final decision is issued. If a violation is found, the case is returned to the appropriate field office for conciliation and possible litigation.

Under its September, 1984 Enforcement Policy, the Commission reviews all litigation recommendations. Thus, the Enforcement Policy has the effect of providing respondents and charging parties/complainants with a review after a violation is found and before suit is filed. The new no cause review procedure reaches cases not previously subject to Commission review.

## Research and Surveys Staff

In Fiscal Year 1987 the Program Research and Surveys Staff became part of the Office of Program Operations. The staff is divided into two branches. Survey Development and Administration Branch which is responsible directly or by contracting out for conducting and developing statistical data files for EEO-1, EEO-3, EEO-4, EEO-5 and EEO-6 surveys. These surveys provide employment profiles and are filed by private employers, local unions, State and local governments, public elementary and secondary school districts and institutions of higher education. The Analysis and Technical Information Branch conducts summary trend studies and research reports based on these data and responds to data requests from EEOC headquarters and field, other federal agencies and the general public.

### Survey Development and Administration

In Fiscal Year 1987 the Program Research and Surveys Staff handled, either directly or through commercial contracts, in excess of 400,000 pieces of mail consisting primarily of employment survey forms and responses to data requests. The employment survey forms were distributed to over 61,000 employers covering approximately 47,000,000 employees.

EEOC shares the survey data it collects with several federal agencies. During the year that activity was expanded with two more inter-agency agreements. One was with the Department of Education, and the other was with the Office of Veteran's Employment and Training in the Department of Labor. The Department of Education agreement provides for acceptance of the EEO-6 report in lieu of the staff data form in that agency's new IPEDS survey of institutions of higher education. The Department of Labor agreement provides for surveying EEO-1 employers for data on Vietnam era veterans. Both these agreements will greatly reduce paperwork and respondent burden while meeting the survey filing requirements.

During FY 87 respondent burden was also reduced for State governments. States are no longer required to file a separate EEO-4 report for each Standard Metropolitan Statistical Area within its boundary. Now only statewide functional EEO-4 reports are required.

The transmittal of EEO-1 reports to certain State and Local Fair Employment Practices (FEP) agencies was enhanced. Sorted and easy to read computer printouts are now distributed instead of actual EEO-1 forms.

### Analysis and Technical Information Branch

Four summary analyse were conducted, these included: 1) 1983 Higher Education Report (EEO-6); 2) Job Patterns of Minorities and Women in Private Industry, 1985 (EEO-1). The Distribution of Minorities and Women in the Health Care Industry 1978-1984, and Report on the Status of Minorities and Women in State and Local Government, 1985 (EEO-4). These reports are available only in draft form pending Commission approval.

The summary data tables for the 1985 EEO-1, 1983 EEO-6 and 1985 EEO-4 books were also prepared. These volumes of data should be available for the general public by February.

The branch has responded to 1,100 separate data requests and provided almost 50,000 pieces of survey data in the form of either actual survey responses, industry, or geographic aggregations of employment data. In addition, entire statistical files are provided to the Department of Labor, the Department of Justice, the Department of Housing and Urban Development, and the Department of Education. At least one of the Commission's surveys is conducted jointly with each of the above Federal departments. On the basis of some 168 data sharing agreements with State and local FEPC's one-fifth of the annual responses to the EEO-1 survey are routinely shared with these agencies.

In an effort to automate and enhance the quality of survey data several projects were undertaken. A proposal was developed to establish an OPO Data Base Management System which would make data readily available for the operational assessment of programs. The proposal would set-up the needed data tapes, and provide easy access programs to be used by OPO staff in retrieving information.

The branch also let a contract to have edit programs developed for the EEO-5 and EEO-6 surveys. These allow the staff to monitor the work done by contractors on an ongoing basis.

Other Research & Survey Staff Accomplishments

-Two evaluation studies, of the EEO-5 and EEO-3 were completed during the year resulting in recommendations which, if implemented, will reduce the respondent reporting burden on public school districts without appreciable loss of data.

## IV. STATISTICAL DATA ON CHARGE PROCESSING

OPO FY 1987

## FIELD MANAGEMENT PROGRAMS

### FIELD OPERATIONS - SUMMARY

Charge Processing

RECEIPTS

o EEOC charge receipts decreased by 4.3%, from 68,822 in FY 86 to 65,844 in FY 87. EEOC was required to process 62,074 of the charges, 5.5% less than FY 86. FEP agencies waived an additional 3,241 charges for EEOC to process. During the past five fiscal years, EEOC receipts have decreased by 6.3%, from 70,252 in FY 83 to 65,844 in FY 87.

o State and Local FEPAs (706 Agencies) charge receipts decreased by 1.7%, from 50,645 in FY 86 to 49,692 in FY 87. THe "to process" total for FY 87 was 53,462, almost the same as the 53,801 in FY 86. FEPA receipts have increased by 14.4% over the past five years, from 42,515 in FY 83 to 49,692 in FY 87.

o 115,536 charges were filed during FY 87, 43% with the FEPSa and 57% with EEOC. This total is 3.3% less than the FY 86 combined total (119,367), and 1% less than the 116,698 charges filed in FY 83.

Based on the worksharing agreements between EEOC and the FEPAs, 3,770 charges received by EEOC were deferred to the FEPAs in FY 87 for initial processing. Therefore, the 81 agencies were expected to initially process 46.3% of the combined FY 87 charge receipts.

o Title VII charges represent the largest percentage of charges received, i.e., 73.1% of EEOC and 81.4% of the FEPA receipts. Age charges represented 18.7% of EEOC and 14.6% of the FEPA charge receipts. Comparison of FY 86 and FY 87 receipts reveal that the percentage of age charges decreased while the percentage of Title VII charges increased in both EEOC and FEPA charge receipts.

CHARGE RESOLUTIONS

o Total charge resolutions decreased by 15.7% from 63,446 in FY 86 to 53,482 in FY 87.

o 57.9% of the charges had determinations issued after investigation. This is 4.6% less than the 62.5% in FY 86. 2.6% of the of all resolutions contained findings of reasonable cause. The rate of administrative closures rose from 25% in FY 86 to 29.5% in FY 87.

- The percentage of charges resolved through negotiated settlement remained constant at 12.5%.

- The percentage of successful conciliations remained at the same level (26.6%) in FY 87 that it was in FY 86.

**INVENTORY**

- Pending inventory increased by 10,919 charges in FY 87, from 50,767 to 61,686. This is a 21% increase in inventory and represents 12.6 months of work.

- The percentage of "aged" charges (over 300 days) within the field staff's control increased from 9.9% in FY 86 to 26% in FY 87.

**LEGAL/COMPLIANCE ACTIVITY**

- Field staff recommended 632 cases to the Commission for litigation authorization, 69 fewer than FY 86.

**TECHNICAL ASSISTANCE/EDUCATION**

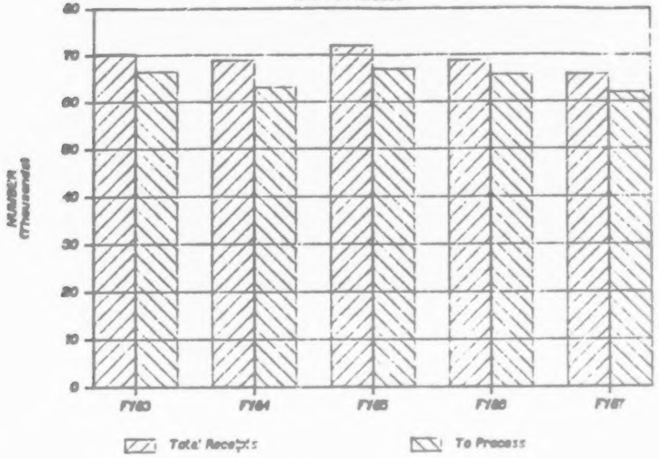
- The districts continued the Expanded Presence Program during FY 87. Field contact teams made 402 visits to contact points, received and responded to 2,831 inquiries from the public, and received 1,308 charges.

- Field staff conducted 142 symposia for small business, in which 5,936 representatives of 3,217 businesses and organizations participated. This is 62 more symposia than were held in FY 86.

APPENDIX 1

## EEOC TOTAL RECEIPTS FY 83 TO FY 87

### AND TO PROCESS



| | | |
|---|---|---|
| FY 83 | 70,252 | 66,461 |
| FY 84 | 68,874 | 66,251 |
| FY 85 | 72,002 | 67,119 |
| FY 86 | 68,822 | 65,783 |
| FY 87 | 65,844 | 62,074 |

### RECEIPTS

FY 84 receipts were down 1.3% over FY 83.
FY 85 receipts were up 1.1% over FY 84.
FY 86 receipts were down 4.4% over FY 85.
FY 87 receipts were down 4.3% over FY 86.

### TO PROCESS

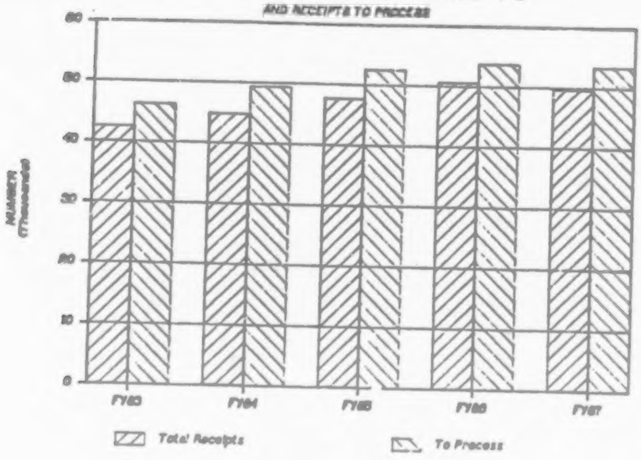
Charges to process remained constant in FY 84.
Charges to process increased by 1.3% in FY 85.
Charges to process decreased by 2% in FY 86.
Charges to process decreased by 5.6% in FY 87.

Source: OPO Summary Data

APPENDIX 2

## FEP FY83-87 TOTAL RECEIPTS

AND RECEIPTS TO PROCESS



| | | |
|---|---|---|
| FY 83 | 42,515 | 46,306 |
| FY 84 | 44,837 | 49,418 |
| FY 85 | 47,693 | 52,576 |
| FY 86 | 50,645 | 53,801 |
| FY 87 | 49,692 | 53,462 |

### RECEIPTS

FEP receipts were up by 5.4% in FY-84.
FEP receipts were up by 6.3% in FY-85.
FEP receipts were up by 6.2% in FY-86.
FEP receipts were down by 1.8% in FY-87.

### TO PROCESS

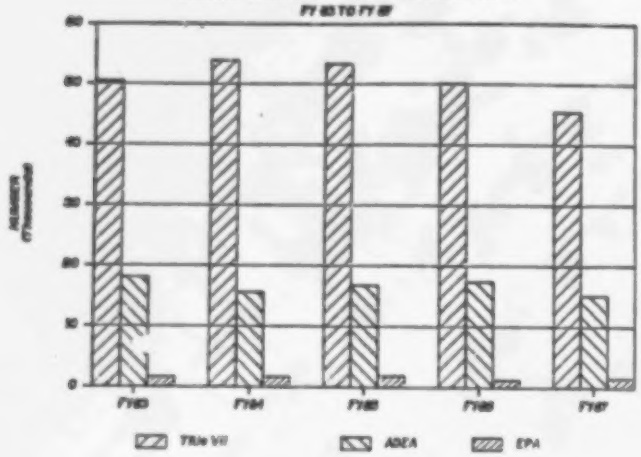
FEP charges to process increased by 6.7% in FY-84.
FEP charges to process increased by 6.4% in FY-85.
FEP charges to process increased by 2.3% in FY-86.
FEP charges to process increased by .6% in FY-87.

Source: OPO Summary Data

APPENDIX 3

## EEOC RECEIPTS BY STATUTE

FY 83 TO FY 87



| | FY 83 | FY 84 | FY 85 | FY 86 | *FY 87 |
|---|---|---|---|---|---|
| Title VII | 50,506<br>(up 21%) | 52,130<br>(up 3%) | 53,343<br>(up 2.3%) | 50,110<br>(down 6%) | 45,401<br>(down 9%) |
| ADEA | 18,087<br>(up 63%) | 15,100<br>(down 17%) | 16,784<br>(up 11.8%) | 17,443<br>(up 3.9%) | 15,121<br>(down 13%) |
| EPA | 1,659<br>(up 14%) | 1,644<br>(down 1%) | 1,875<br>(up 14%) | 1,269<br>(down 32%) | 1,552<br>(down 13%) |
| Total | 70,252 | 68,874 | 72,002 | 68,822 | 62,074 |

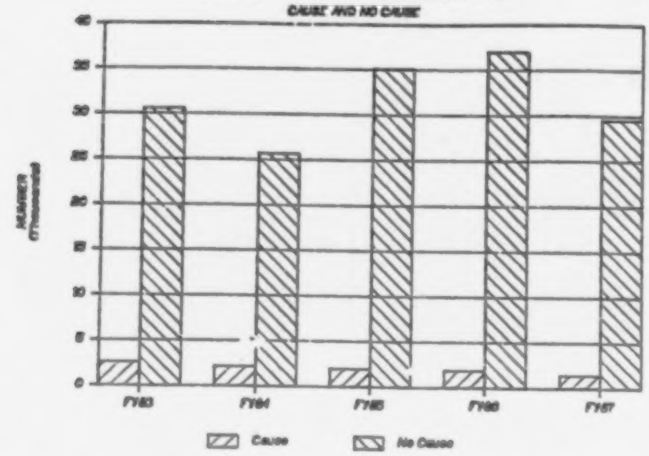
*In FY 87, receipts by statute were compiled on the number of EEOC was to process rather than on total receipts as in prior years.

Source: OPO Summary Data

APPENDIX 4

## RESOLUTIONS ON MERITS

CAUSE AND NO CAUSE



| | FY 83 | FY 84 | FY 85 | FY 86 | FY 87 |
|---|---|---|---|---|---|
| Cause | 2,565 | 2,128 | 1,953 | 1,863 | 1,412 |
| No Cause | 30,570 | 25,675 | 35,139 | 37,014 | 29,578 |
| Combined | 33,135 | 27,803 | 37,092 | 38,877 | 30,990 |
| Percent of Total Closures | 45% | 51% | 59% | 62.5% | 57.9% |

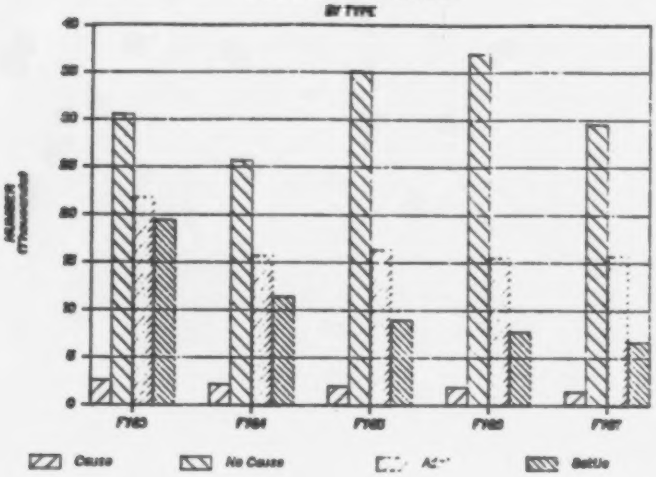
Resolutions on the Merits (Determination Issued) increased by 6% in FY 84, 8% in FY 85, 3.5% in FY 86 and decreased 4.6% in FY 87.

Source: OPO Summary Data

APPENDIX 5

## TOTAL CLOSURES

BY TYPE

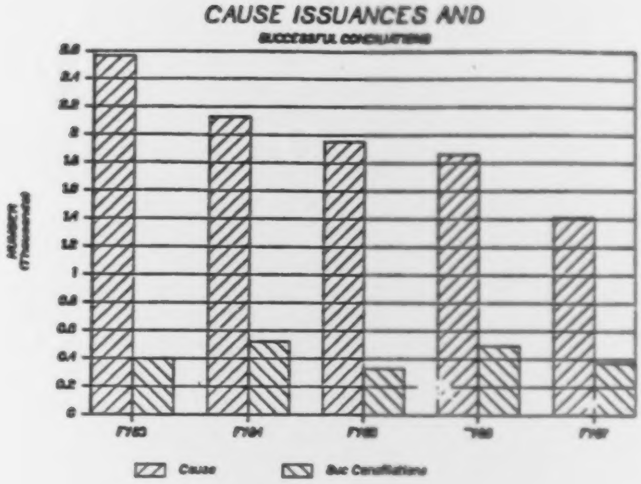


| Closure Type | FY 83 | | FY 84 | | FY 85 | | FY 86 | | FY 87 | |
|---|---|---|---|---|---|---|---|---|---|---|
| Cause | 2,565 | 3.4% | 2,128 | 3.9% | 1,953 | 3.1% | 1,863 | 3% | 1,412 | 2.6% |
| No Cause | 30,570 | 41.1% | 25,675 | 46.7% | 35,139 | 56.2% | 37,014 | 59.5% | 29,578 | 55.3% |
| Admin. | 21,832 | 29.3% | 15,771 | 28.7% | 16,421 | 26.3% | 15,576 | 25% | 15,790 | 29.5% |
| Settlements | 19,474 | 26.2% | 11,460 | 20.8% | 8,981 | 14.4% | 7,750 | 12.5% | 6,702 | 12.5% |
| Totals | 74,441 | | 55,034 | | 62.494* | | 62,203** | | 53,482*** | |

*Total closures including closures in Intake were 63,567.
**Total closures including closures in Intake were 63,446.
***After the field reorganization, charges were no longer closed in Intake. 794 charges were closed in Intake in the first three quarters.

Source: OPO Summary Data

## APPENDIX 6



| | | |
|---|---|---|
| FY83 | 2,565 | 403 |
| FY84 | 2,128 | 525 |
| FY85 | 1,953 | 332 |
| FY86 | 1,863 | 495 |
| FY87 | 1,412 | 376 |

The number of cause cases in FY 84 decreased by 17%; successful conciliations in FY 84 increased by 30%.

The number of casuse cases in FY 85 decreased by 8%; successful conciliations in FY 85 decreased by 3.6%.

The number of cause cases in FY 86 decreased by 4.8%; successful conciliations increased by 32.9%.

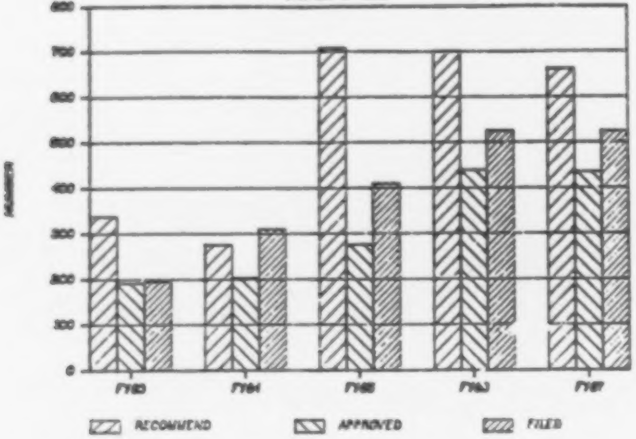
The number of cause cases in FY 87 decreased by 24%; successful conciliations decreased by 24%.

Source: OPO Summary Data

APPENDIX 7

## RECOMMENDATIONS, APPROVALS

### AND SUITS FILED



In FY 83, 338 cases were recommended for litigation; the Commission approved 192 and 195 suits were filed.

In FY 84, 276 cases were recommended for litigation; the Commission approved 204 and 311 suits were filed.

In FY 85, 708 cases were recommended for litigation; the Commission approved 277 and 411 suits were filed.

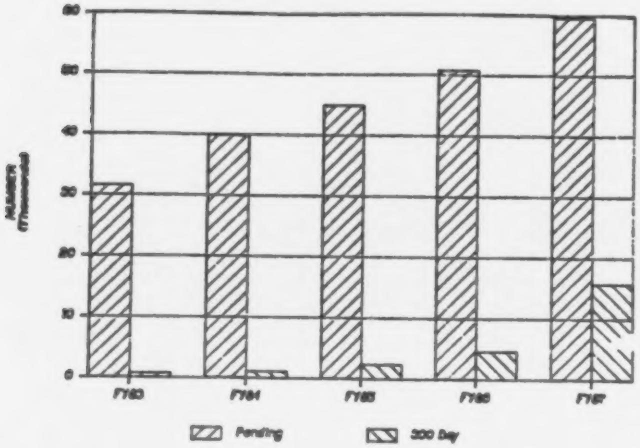
In FY 86, 701 cases were recommended for litigation; the Commission approved 440 and 526 suits were filed.

In FY 87, 661 cases were recommended for litigation; the Commission approved 436 and 525 suits were filed.

Source: Office of General Counsel

APPENDIX 8

## TOTAL PENDING AND TOTAL 300 DAY



| | | |
|---|---|---|
| FY 83 | 31,538 | 727 |
| FY 84 | 39,893 | 1,107 |
| FY 85 | *44,833 | 2,399 |
| FY 86 | **47,735 | 4,633 |
| FY 87 | ***59,575 | 15,768 |

### PENDING INVENTORY

The total inventory of pending charges rose by 26.4% in FY 84.
The total inventory of pending charges rose by 12.5% in FY 85.
The total inventory of pending charges rose by 6% in FY 86.
The total inventory of pending charges rose by 24% in FY 87.

### 300 DAY OLD CHARGES

300 day old charges represented 2.3% of the inventory in FY 83.
300 day old charges represented 2.7% of the inventory in FY 84.
300 day old charges represented 5.3% of the inventory in FY 85.
300 day old charges represented 9.9% of the inventory in FY 86.
300 day old charges represented 26% of the inventory in FY 87.

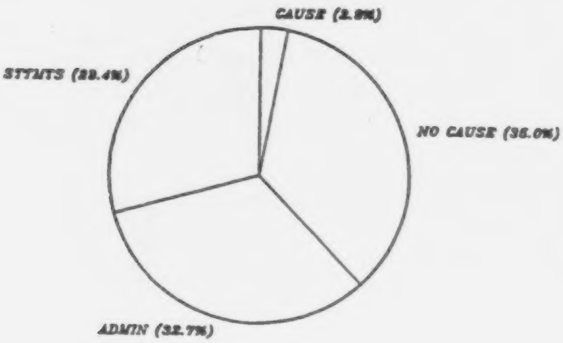
*46,773 including pending in Intake
**50,767 including pending in Intake
***61,686 including pending in Intake

Source: OPO Summary Data

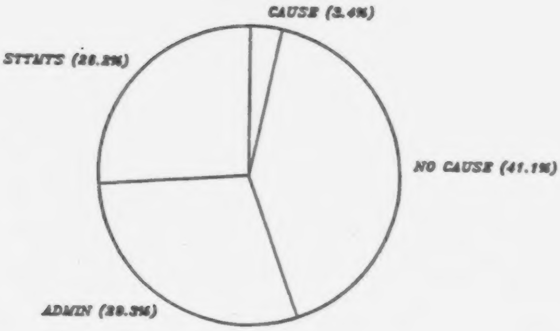
APPENDIX 9

# CLOSURES BY TYPE

FY 1982



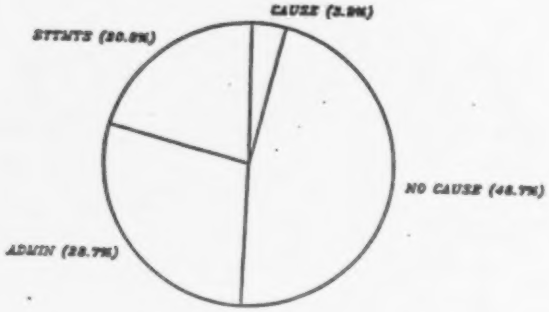
FY 1983



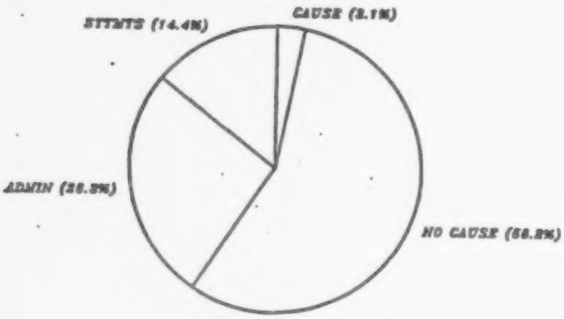
APPENDIX 9

## CLOSURES BY TYPE

FY 1984



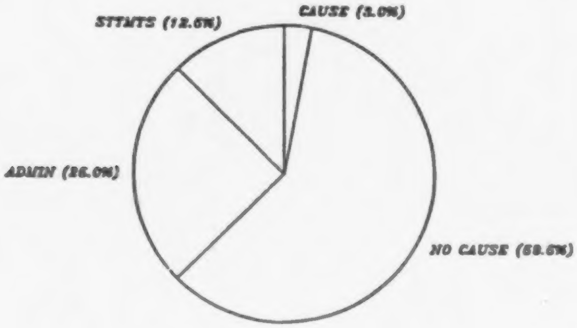
FY 1985

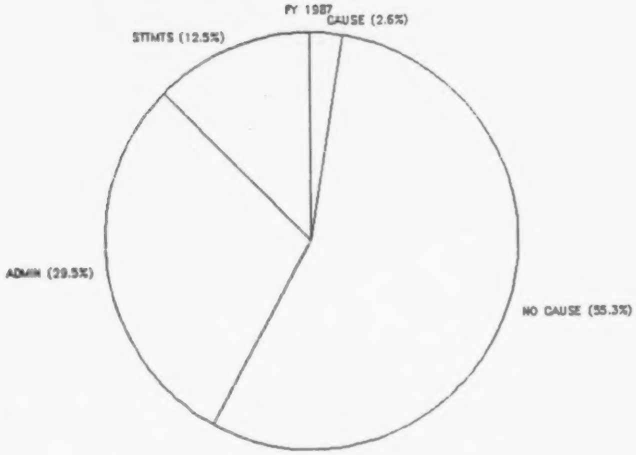


APPENDIX 9

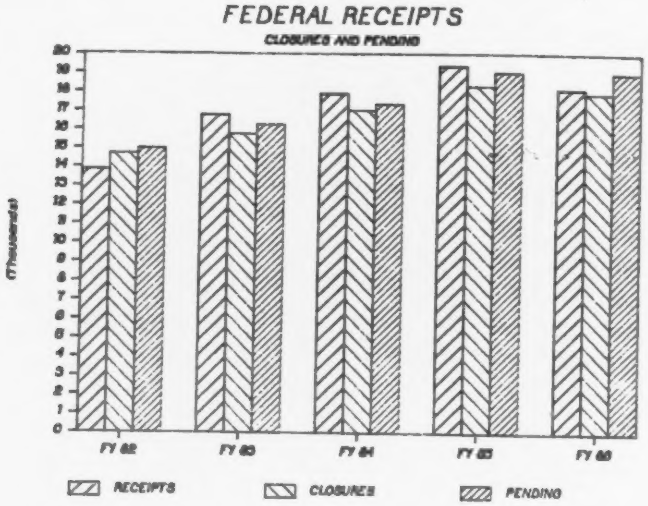
# CLOSURES BY TYPE

***FY 1988***





APPENDIX 10

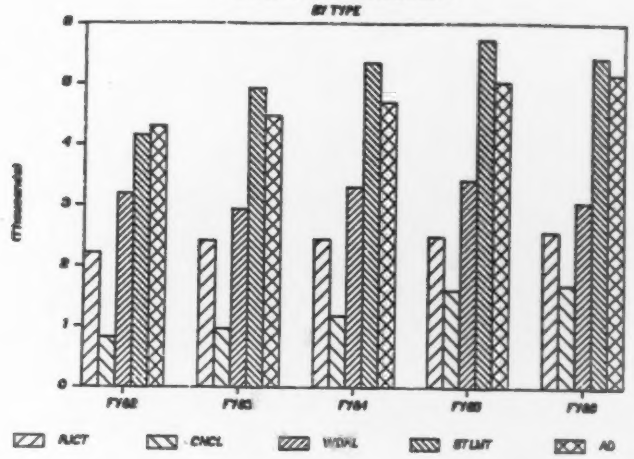


| | Complaints | Closures | Pending |
|---|---|---|---|
| FY 82 | 13,861 | 14,720 | 14,989 |
| FY 83 | 16,770 | 15,770 | 16,259 |
| FY 84 | 17,916 | 17,045 | 17,366 |
| FY 85 | 19,386 | 18,337 | 19,051 |
| FY 86 | 18,167 | 17,962 | 19,030 |

Between FY 82 and FY 86, the number of Federal Complaints has increased 31% (4306), while resolutions have increased 22% (3242) The result is a 26.9% increase in pending complaints at the end of FY 86.

## APPENDIX 11

## FEDERAL CLOSURES

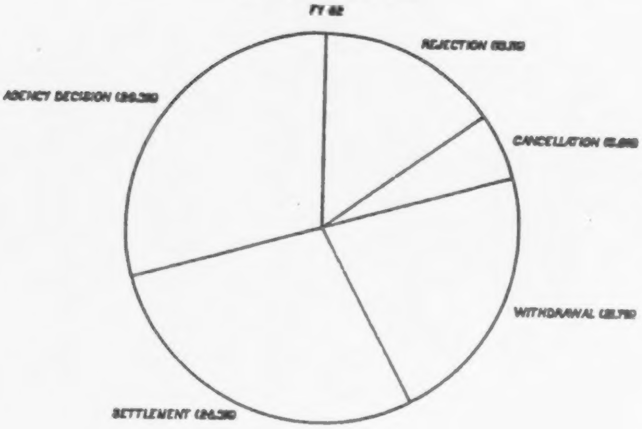


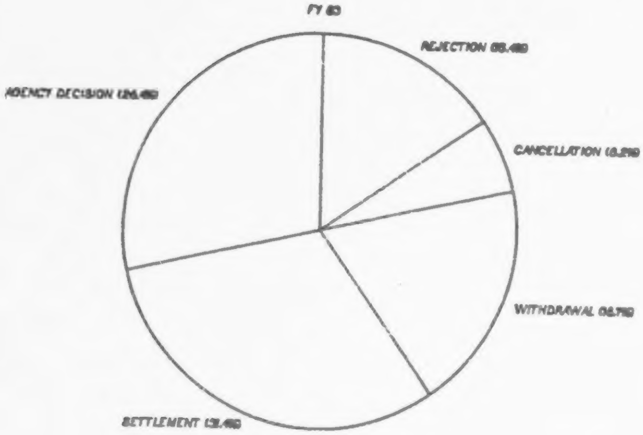
| | FY 82 | FY 83 | FY 84 | FY 85 | FY 86 |
|---|---|---|---|---|---|
| Rejection | 2,221 | 2,422 | 2,451 | 2,494 | 2,572 |
| Cancellation | 824 | 972 | 1,188 | 1,619 | 1,701 |
| Withdrawal | 3,197 | 2,949 | 3,318 | 3,431 | 3,057 |
| Settlement | 4,167 | 4,945 | 5,371 | 5,747 | 5,456 |
| Agency Decision | 4,311 | 4,482 | 4,717 | 5,046 | 5,176 |
| TOTAL | 14,720 | 15,770 | 17,045 | 18,337 | 17,962 |

Five year trends in the types of Federal complaint resolutions are reflected in the pie charts that follow. However, it is noted that the percentage of settlements and cancellations increased between FY 82 and FY 86 while the percentage of rejections, withdrawals, and Agency decisions decreased during the period.

APPENDIX 12

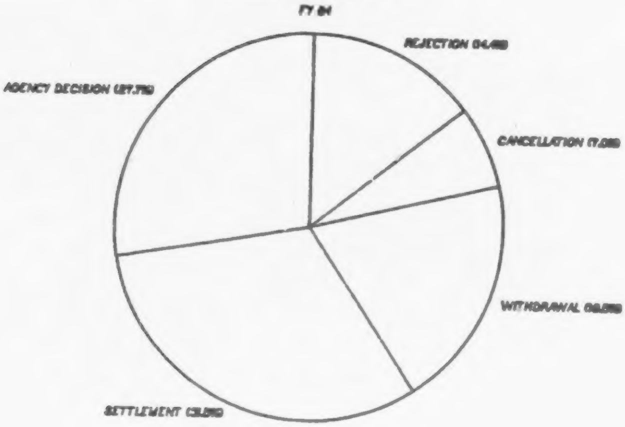
## FEDERAL CLOSURES

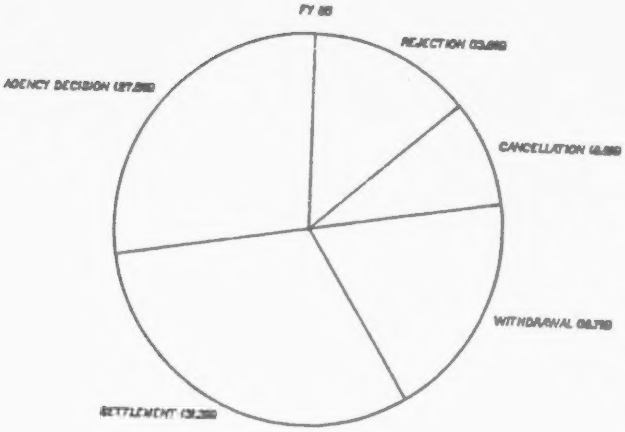




# APPENDIX 12

## FEDERAL CLOSURES

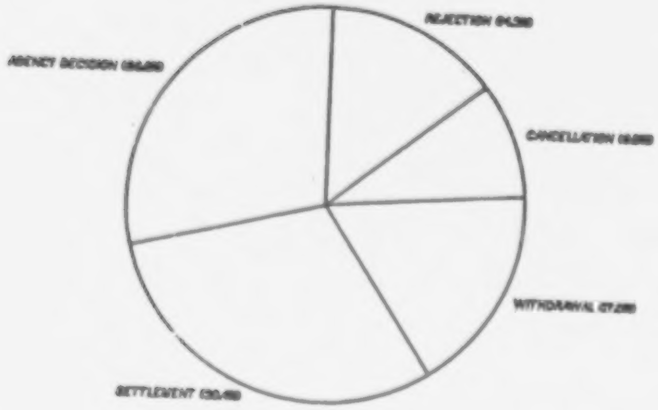




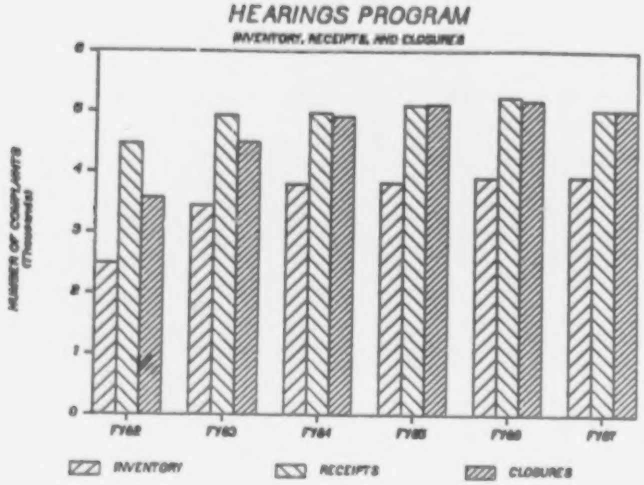
APPENDIX 12

## FEDERAL CLOSURES

FY 80



APPENDIX 13



HEARINGS PROGRAM INVENTORY

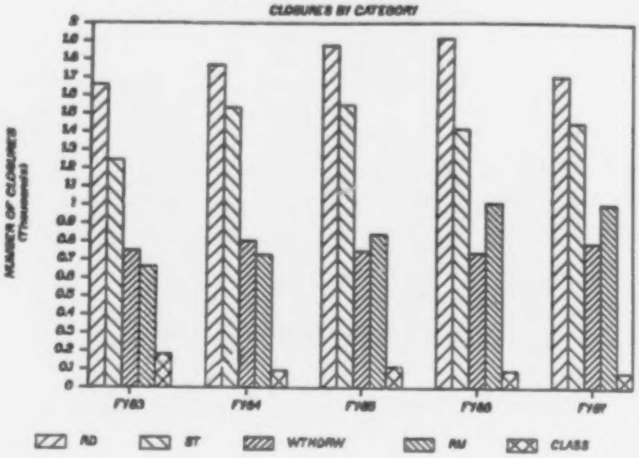
| | FY82 | FY83 | FY84 | FY85 | FY86 | FY87 |
|---|---|---|---|---|---|---|
| INVENTORY | 2,489 | 3,446 | 3,810 | 3,830 | 3,917 | 3,929 |
| RECEIPTS | 4,470 | 4,950 | 4,991 | 5,125 | 5,254 | 5,045 |
| CLOSURES | 3,576 | 4,499 | 4,930 | 5,137 | 5,191 | 5,047 |

The number of Hearings complaints received has increased by 12.9% (575) since FY 82. Although closures increased by 41.1% (1471) the inventory of pending complaints has increased by 57.8% (1,440).

## APPENDIX 14

## HEARINGS PROGRAM

CLOSURES BY CATEGORY



CLOSURES BY CATEGORY

| CLOSURE TYPE | FY83 | FY84 | FY85 | FY86 | FY87 |
|---|---|---|---|---|---|
| RECOMMENDED DECISIONS (RD) | 1,657<br>38.4% | 1,769<br>36.4% | 1,876<br>37.4% | 1,916<br>37.6% | 1,707<br>33.8% |
| SETTLEMENT (ST) | 1,245<br>28.8% | 1,536<br>31.6% | 1,551<br>30.9% | 1,423<br>27.9% | 1,453<br>28.7% |
| WITHDRAWAL (WTHDRW) | 751<br>17.4% | 804<br>16.6% | 751<br>15.0% | 742<br>14.6% | 795<br>15.7% |
| REMAND (RM) | 664<br>15.4% | 728<br>15.4% | 843<br>16.8% | 1,016<br>19.9% | 1,008<br>19.9% |
| CLASS | 182 | 93 | 116 | 94 | 84 |
| TOTAL | 4,499 | 4,930 | 5,137 | 5,191 | 5,047 |

## ITEM 19. FEDERAL COMMUNICATIONS COMMISSION

*December 21, 1988.*

**Dear Chairman Melcher:** We are pleased to respond to your letter of September 21, 1988, requesting information on those activities of the Federal Communications Commission during Fiscal Year 1988 that affect the elderly either directly or indirectly.

Although the work of the Commission does not focus exclusively or primarily on the needs of the elderly, certain of its actions can affect this segment of our Nation's population. Therefore, the Summary of Federal Communications Activities Affecting the Elderly highlighting those actions is enclosed for your information. We hope that this information will be useful to you and your staff and can be incorporated into the report of the Special Committee on Aging entitled *Developments in Aging*.

As you know, during the past several years the Commission has participated in legislative efforts and rulemaking proceedings designed specifically to help the handicapped, which include the deaf and hearing impaired, the blind, and the physically disabled. Since a significant proportion of people age 65 or older fall into these categories, the telecommunications needs of the handicapped is a matter of interest to the elderly community.

You may be assured that the Federal Communications Commission will continue to be cognizant of these needs of the handicapped and attentive to telecommunications matters which affect the lives of the elderly as we fulfill our mission to serve all Amercans in the public interest.

Sincerely,

Dennis R. Patrick,
*Chairman.*

Enclosure.

### Summary of Federal Communications Commission Activities Affecting the Elderly

One of the FCC's basic goals has been the protection of universal telephone service while promoting economically efficient use of the telephone network and preventing unjust discrimination among the Nation's telephone users. We believe that great progress has been made during Fiscal Year 1988 toward these ends, particularly with regard to guaranteeing universal telephone service at reasonable rates to our Nation's elderly and to the handicapped.

The FCC has taken several steps in the subscriber line charge proceeding, based on the recommendations of an advisory group of Federal and State regulators, to assist low income telephone subscribers and those on fixed incomes, including the elderly, who may have difficulty affording increased flat rate charges for telephone service. These measures include high cost assistance designed to keep local exchange rates lower than they otherwise would be in high cost areas, many of which are rural in character. This assistance, as currently formulated, will amount to over $400 million when fully implemented based on current cost information.

The Commission has also implemented a Federal lifeline program to reduce telephone charges for low income subscribers. Under this program, local telephone companies are able to waive the subscriber line charge for low income subscribers qualifying under specified State assistance programs when the State makes an equal monetary contribution to reduce local exchange rates for these customers. Based on the current $3.20 subscriber line charge, this amounts to a total of $6.40 per month in assistance for qualifying subscribers.

On July 1, 1987, the Commission also introduced a connection assistance program called "Link-Up America," which provides a discount of 50 percent—up to $30—for connection charges to low income households seeking telephone service. The FCC estimates that approximately 5 million low income households, including many elderly, will be eligible for assistance under the program. In addition, telephone companies are encouraged to offer interest free deferred payment schedules on the remaining balance and, where appropriate, to reduce or to waive any deposit that may be required.

Both the high cost and the lifeline assistance are funded through usage-based charges paid by the long distance companies. To date, 25 States and the District of Columbia have federally approved lifeline programs, and 34 States, the District of Columbia and Puerto Rico have federally approved connection assistance programs. Most of the Bell Telephone companies also offer budget rate measured service with a very low flat monthly charge for basic service with additional usage-based charges.

Further, as a result of the Commission's subscriber line charge program and other actions, direct dial interstate toll rates have dropped approximately 38 percent since May of 1984. A May 1987 study by Southwestern Bell demonstrated the value of these rate reductions to the elderly. The study shows that senior citizens have increased their long distance usage by 53.5 percent between 1983 and 1986. The study also shows that at current levels of usage, the interstate rate decreases, on average, completely offset the subscriber line charge. Thus, today it is much easier for older Americans to afford to keep in touch with their families and loved ones across the country.

In addition, the Commission's Industry Analysis Division continues to monitor telephone penetration rates for the elderly as well as other segments of the population. Census Bureau data collected at the request of the FCC shows that telephone subscribership has increased or remained stable since divestiture, even in the case of the unemployed and those with extremely low income levels. In fact, the Census Bureau data for July 1988 (the most recent information currently available) shows that 92.8 percent of American households have telephone service in their homes compared to 91.4 percent in November 1983, just prior to divestiture. The elderly in all income brackets have telephone subscribership levels that are significantly higher than those for households headed by younger people. The July 1988 census data indicated that 95.3 percent of households headed by a person between 60 and 64 years of age had a telephone at home compared to a 92.8 percent subscribership level for all households. Based on the July 1988 census data, 96.7 percent of households headed by someone between the ages of 65 and 69 subscribed to telephone service, while households headed by someone from 70 to 99 years of age had a subscribership rate of 96.6 percent. Subscribership levels for these groups have increased or remained stable since divestiture.

Legislation has also been passed by the Congress designed to ensure that hearing impaired persons, including the elderly, have reasonable access to the telephone network. The Telecommunications for the Disabled Act of 1982, 47 U.S.C. 610, passed January 3, 1983, permits carriers to provide specialized customer premises equipment (CPE) to disabled persons under tariff or through other means authorized by state commission and contemplates State enforcement of Commission rules regarding placement of specialized telephone equipment. Further, on August 17, 1988, the President signed Public Law 100-394, the Hearing Aid Compatibility Act of 1988, which requires most telephones manufactured in or imported into the United States more than 1 year after its enactment to be hearing aid compatible. On October 28, 1988, the President also signed the Telecommunications Accessibility Enhancement Act of 1988, Public Law 100-542, which requires the General Services Administration to take action as necessary to assure that the Federal telecommunications system is fully accessible to the hearing and speech-impaired populations and directs the Commission to complete its inquiry in CC Docket No. 87-124 regarding an interstate relay system for Telecommunications Devices for the Deaf (TDD) users within 9 months of enactment of the law. Such a telephone relay service would permit hearing and speech-impaired TDD users to engage in real time conversations with voice telephone users. The Commission is currently considering actions necessary to satisfy the dictates of these recent legislative enactments.

## ITEM 20. FEDERAL TRADE COMMISSION

December 16, 1988.

Dear Mr. Chairman: In response to your letter of September 21, 1988, I am pleased to forward the annual staff summary of Federal Trade Commission activities affecting older Americans for the year 1988. As this summary indicates, many of the Commission's efforts to police the market for unfair or deceptive practices and to promote a competitive market are particularly significant for older consumers.

I hope this information will be helpful to the Committee. Please let me know if we can provide any further assistance.

By direction of the Commission,

Daniel Oliver,
*Chairman.*

Enclosure.

## STAFF SUMMARY OF FEDERAL TRADE COMMISSION ACTIVITIES AFFECTING OLDER AMERICANS

This report discusses recent activities of the Federal Trade Commission on behalf of older Americans. The first section of this report describes the public hearing held by the Commission in March 1988 which addressed issues of interest to older Americans. The second section describes the Commission's health-related activities, which are of particular importance to older Americans because persons over age 65 spend almost three times as much per capita on health care as do other adults. The third section addresses a variety of non-health related issues that have a disparate impact on older Americans. These include the mandatory review and enforcement of the Commission's Funeral Rule, enforcement of the Commission's Mail Order and R-Value Rules, investigations into the delivery of legal services, issues surrounding credit, investment and travel frauds, and activities in the real estate and taxicab industries. The final section describes the Commission's consumer education activities that are of special significance to older consumers.

### HEARING ON ISSUES AFFECTNG OLDER AMERICANS

On March 16, 1988, the Commission held a public hearing on issues affecting older Americans. Participants included members of Congress, several state attorneys general, and representatives from the following major organizations active in advancing the views of older Americans: ACTION, the Administration on Aging (HHS), the American Association of Retired Persons, the American Health Care Association, the Association of Informed Senior Citizens, the Commission on Legal Problems of the Elderly, the Competitive Health Care Coalition, Consumer Alert, Consumers Union, the Gray Panthers, the National Association of Hispanic Elderly, the National Association of Meal Programs, the National Association for Senior Living Industries, the National Citizens Coalition for Nursing Home Reform, the National Consumers League, the National Hispanic Council on Aging, the National Institute on Aging, the National Interfaith Coalition on Aging, the National Senior Citizens Law Center, the North Carolina Senior Citizens Association, the Older Womens League, the Service Corps of Retired Executives Association, and the United Seniors Health Cooperative. Topics discussed during the hearings included fraud, medigap insurance, long-term health care insurance, life-care communities, nursing homes, home health care agencies, prescription drugs, and the Commission's Funeral Rule. In addition, testimony was provided on such topics as occupational licensure, hearing aids, advertising, senior living options, hispanic elderly, and disability benefit.

The report, Hearing on Issues Affecting Older Americans Before the Federal Trade Commission, summarizing the hearing was issued in November. The report concluded that subject to budgetary constraints and resource limitations, and with the cooperation of interested groups, the Commission plans to:

—Establish a liaison group with consumer organizations to obtain information on potentially fraudulent or deceptive marketing activities, including those activities that disproportionately affect the elderly. To the extent applicable, this information will be entered into the Commission's telemarketing fraud data bank.

—Assess the extent to which jurisdictional limits on the Commission's ability to proceed against not-for-profit organizations impede the ability of the Commission to respond to instances of fraud and deception, or anticompetitive practices, and recommend, if appropriate, possible changes to the Commission's authority.

—Assess the need for further FTC law enforcement, consumer education, or advocacy efforts with respect to the life-care industry, and to take steps to determine the effectiveness of existing state regulations that seek to protect consumers from alleged abuses in this industry.

—Assess the need for further law enforcement, advocacy, or consumer education efforts with respect to the nursing home industry.

—Evaluate, in light of pending federal legislative proposals, the usefulness of performing a study on costs and benefits of regulations that impede the dispensing of prescription drugs by physicians.

—Continue efforts to identify instances of potentially deceptive prescription drug advertising.

—Continue the enforcement of the Funeral Rule and complete its review to examine whether the Rule is achieving its stated objective to protect consumers, and whether, as a result, the Rule should be left as is, amended, expanded, or repealed.

—Assess the need for law enforcement, advocacy, and educational activities with respect to the hearing aid industry with a particular focus on identifying instances of potentially deceptive advertising or sales practices by marketers of hearing aids.

—Coordinate, through the assistance of the Director of Special Projects, implementation of the aforementioned with the Commission and with groups representing older Americans—many of whom participated in the hearing—to engender a productive and ongoing exchange of ideas and information.

## HEALTH-RELATED ACTIVITIES

### *Home Health Care*

Older Americans make greater use of health care facilities, including hospitals, than other segements of the population. Thus, as a group, they stand to benefit more from effective competition among health care providers.

Home health care agencies, which offer skilled nursing and other health services to patients in their homes, can provide some older Americans with an important alternative to hospitalization or nursing home care. Home health services offer the possibility of reduced health care expenses and can enable some people who would otherwise require institutional care to remain at home.

One of the key components of effective home health care is the durable medical equipment necessary for the patient to be able to receive care at home instead of in a hospital. The Commission completed its investigation of the proposed merger of two of the largest suppliers of home health care beds in the United States and found reason to believe that the merger would raise prices to consumers. After the Commission directed its staff to seek an injunction against the transaction in Federal district court, the parties cancelled the transaction.

### *Hospital Services*

In January 1988 the Commission released the results of a study conducted by its Bureau of Economics on hospital costs and the effects of state certificate-of-need ("CON") regulations. CON regulations limit the entry of new hospitals into the market. The study found that hospital costs might decline by 1.4 percent, or $1.3 billion per year, if all states with CON laws doubled the dollar thresholds at which they review hospital expenditures. Thus, the study finds that CON laws do not appear to serve their originally intended purpose of reducing hospital costs. The results of this study have been incorporated in the Commission staff's comments on CON law revisions proposed in several states, including Georgia, Michigan, and Pennsylvania. These comments were filed in March 1988.

In addition, the Bureau of Economics has undertaken a study of hospital merger policies in order to assist in the development of an effective antitrust policy toward hospital markets generally and hospital mergers in particular. The study examines the vast literature in health care economics to apply the latest empirical and theoretical findings to health care antitrust issues. This study is nearing completion.

### *Nursing Homes*

Currently about 23,000 nursing homes provide care to approximately 1.4 million older residents in the United States. For some time, the Commission has been investigating marketing practices in the nursing home industry. In 1988 the Commission's staff began a project to improve a liaison with nursing home ombudsmen, state attorneys general, and other appropriate sources in order to develop leads for possible investigations of unfair and deceptive practices by nursing homes. In particular, the Commission's staff is looking into potentially unfair or deceptive provisions in nursing home contracts.

### *Medicare Supplement Insurance*

A majority of the nation's older Americans have at least one private health insurance policy to supplement their Medicare coverage. Allegations of various deceptive sales tactics, confusing policy provisions, and low rates of return (expressed as the ratio of benefits paid to premiums collected) led to Congressional enactment of the so-called "Baucus Amendment," which established minimum benefit standards and required certain disclosures about policy coverage for all policies marketed as "Medigap" policies, In 1988, at Congress' request, the Commission's staff conducted a study of Medigap and specified diseases and hospital indemnity insurance to determine whether and to what extent the sellers of such insurance are engaging in unfair or deceptive acts or practices.

In its September 1988 report on that study, the Commission's staff noted that, according to many officials in the offices of state insurance commissioners, abuses in the sale of Medigap policies have abated since the Baucus Amendment was implemented. According to state officials, however, some abuse continues and is largely evident in presentations by sales agents rather than in advertising or promotional efforts of the insurance companies. These same state officials reported that they have received few complaints about either specified disease insurance or hospital indemnity plans. The Commission's staff reviewed a sample of C advertising materials for all three of these types of policies and generally found them to be free of false and misleading advertising claims. A separate study by the General Accounting Office found that the generally low rates of return for specified disease and hospital indemnity policies made them poor choices for most consumers seeking comprehensive protection for health care costs.

Another aspect of the staff's study focused on the effectiveness of celebrity endorsers in advertisements for Medigap insurance. The results of a consumer survey conducted for the Commission suggest that consumers do not find any more credibility in advertising claims presented by a celebrity than they do in claims made by a non-celebrity, such as a company president. This survey also revealed that a large proportion of older Americans mistakenly believe that their risk of incurring catastrophic hosptial cost is much higher than the actual probability of such costs. Finally, the survey found that a significant minority of consumers were misled by so-called cold lead mailings. These advertisements are designed to appear as if they are official material from a government agency but, in fact, are sent by private companies who use them to acquire leads for Medigap insurance sales agents.

Other Commission activity in this area included the filing of Commission staff comments with the United States Department of Health and Human Services ("HHS") urging the Department to develop regulations that make clear that certain types of legitimate, pro-competitive arrangements and practices do not violate the Medicare and Medicaid anti-kickback statute. HHS was developing regulations to clarify what practices are permissible under the statute. The Commission's staff commented that some business arrangements and practices that could be construed to violate the law are actually likely to increase competition among health care providers and help control Medicare and Medicaid costs as well as costs to the patients of these programs. The staff urged that HHS interpret its rules in a way that allows the cotinuation of pro-competitive forms of health care insurance and providers such as Health Maintenance Organizations ("HMOs") and Preferred Provider Organizations ("PPOs").

### *Prescription Drugs*

Although persons aged 65 and over comprise only about 12 percent of the population, they consume over 30 percent of all prescription drugs nationwide. Consequently, savings on prescription drug purchases are especially significant for older consumers.

The vast majority of prescription drugs are distributed by drug wholesaling companies. The Commission's staff recently investigated two proposed acquisitions of drug wholesaling companies by the nation's largest drug wholesaler. The Commission found that the acquisitions were likely to result in increased prices and decreased services to consumers. After the Commission announced its intention to seek to enjoin the transactions, both transactions were terminated by the parties.

In 1988 the Commission's staff continued its investigations of state pharmacy board regulations that prohibit pharmacists and pharmacies from offering services that provide consumers with more convenient access to prescription drugs. In response to these investigations, one state board voluntarily eliminated its restrictions on the use of computers to maintain central files and to transfer prescription information between pharmacies that use the same computer system. This change enables consumers to obtain refills of their prescription at any pharmacy within the system. Another state board voluntarily eliminated its restrictions on the operation of mail service pharmacies and on the operation of pick-up stations or prescription depots that facilitate the delivery of prescription drugs to consumers.

### *Vision Care*

In February the Commission voted to promulgate a rule that invalidates four types of state restrictions imposed on the commercial practice of optometry: (1) prohibitions on certain forms of lay association or control over optometric practices; (2) limitations on the number of branch offices that optometrists may own or operate; (3) prohibitions on the practice of optometry in commercial locations; and (4) prohibitions on the practice of optometry under a nondeceptive trade name. The Commission found that these restrictions harm consumers by raising prices to consumers and decreasing their access to vision care. The removal of these restrictions will stimulate competition in the vision care industry and allow consumers to purchase vision care goods and services at lower prices without any compromise in the quality of care that consumers receive. The Commission is expected to issue the final rule in the near future.

The Commission also voted to continue requiring, as prescribed in the Eyeglasses I Rule, that optometrists and ophthalmologists give consumers copies of their prescriptions after an eye examination, thereby enabling consumers to comparison-shop for eyeglasses.

Finally, as a result of investigations of two proposed acquisitions in the vision care industry, which may have harmed consumers if the mergers had been consummated, the parties canceled both transactions.

### *Dental Care*

In February 1988 the Commission's staff filed comments with the California Board of Dental Examiners urging that the Board not adopt proposed changes to its regulations governing dental practice by dental auxiliaries. Under the proposed changes, patients would have to be examined by the dentist personally before an auxiliary could provide any services and again after the services are performed. The Commission's staff commented that the proposed regulations could harm consumer welfare by increasing the cost of dental services to consumers.

The staff also filed comments in February 1988 with the California legislature criticizing proposed legislation that would have made it impossible for dental hygienists to practice without affiliating with, or having patients referred by, a dentist. The staff believes that such legislation can retard innovative methods of delivering dental hygiene services and insulate dentists against competitors who could provide uncomplicated dental cleaning services at lower prices. The staff suggested that older Americans and the poor could be particularly affected by this legislation because it might foreclose lower cost alternatives.

### *Physician Services*

In February 1988 the Commission issued a consent order settling charges that an association of physicians in Tulsa, Oklahoma illegally conspired to restrain competition and fix or increase the prices they charged third-party payors for their services. The consent agreement settled charges that many of the physicians in the Tulsa area who had hospital privileges at a particular hospital and who were in competition both with one another and with other physicians, had agreed not to compete with each other with respect contracts with third-party payors. The physicians had formed a corporation to negotiate on their behalf with third-party payors.

In February 1988 the Commission issued a consent order that settled charges that certain anesthesiologists in the Rochester, New York area had conspired to increase the fees paid to them by insurers for providing anesthesia services. The order prohibits the respondents from entering into or advocating agreements to affect the amount or terms of reimbursement from third-party payors.

In April the Commission issued a consent order settling charges that the medical staff of Doctors Hospital of Prince George's County, Maryland illegally agreed to foreclose or limit competition by preventing a health maintenance organization ("HMO") from opening a facility in Prince George's County. The consent settled charges that representatives of the medical staff pressured the company, which owned both the HMO and Doctors Hospital, not to open its planned facility.

In August 1988 the Commission issued a consent order settling charges that the Victoria (Texas) Allergy and Asthma Clinic and the allergists who practice there organized a conspiracy to boycott the manufacturers of new allergy-testing products, in order to prevent competition from physicians who are not allergists. Some of the allergists allegedly sought to coerce the firms to discontinue sales of the new products to anyone but allergists.

In September 1988 the Commission issued a consent order settling charges that 14 physicians in Huntsville, Texas conspired against HMOs and primary care physicians in the area. The accompanying complaint alleged that the physicians who were private physician specialists practicing in competition with each other, acted collectively in negotiations with HMOs to attempt to obtain more advantageous terms of participation, collectively refused to participate with the HMOs, and collectively engaged in an effort to restrict or eliminate the hospital privileges of physicians affiliated with the HMOs.

In October 1988 the Commission issued a consent order settling charges that 11 doctors in Sioux Falls, South Dakota illegally attempted to eliminate or limit competition among faculty members by conspiring to boycott the obstetrician and gynecologist residency program of the University of South Dakota School of Medicine.

In October 1987 the Commission filed an *amicus curiae* brief jointly with the Solicitor General in *Patrick v. Burget,* involving allegations by a private physician that termination of his hospital privileges by a clinic and its physicians violated federal antitrust laws and state laws. The plaintiff alleged that proceedings instituted by the defendants to terminate his hospital privileges were maintained in bad faith to displace a troublesome competitor rather than to insure quality of care, the intended purpose of the Oregon peer review provisions under which the proceedings were instituted. The *amicus* brief argued that the State of Oregon does not actively supervise the decisions of hospital peer view committees to terminate doctors' hospital privileges, as is required in order for the state action doctrine to protect defendants' conduct from antitrust scrutiny. The Supreme Court generally adopted the Commission position.

These Commission activities benefit older consumers, as well as consumers in general, by helping to remove limitations on the ability of consumers to choose among a variety of providers, helping to increase the availability of convenient and innovative forms of services, and helping consumers to receive the benefits of price and service competition among health care providers.

### *Physical Therapy Services*

In November 1988 the Commission issued a consent order that prohibits the Iowa Chapter of the American Physical Thereapy Association from restricting therapists from working for doctors. The accompanying complaint alleged that the association illegally adopted a resolution declaring it illegal and unethical for physical therapists to work for physicans. The resolution allegedly hurt competiton among physical therapists and between various kinds of physical therapy services, and also deprived consumers of a choice of providers and of the convenience of choosing physician and physical therapy services that are available at the same location.

### *Chiropractic Services*

In November 1988 the Commission issued a consent order that prohibits the New York State Chiropractic Association from entering into or continuing any agreement with its members to deal with any third-party payor on collectively determined terms. The complaint charged that the association illegally boycotted a health insurance company, forcing it to raise payment levels for chiropractic services, and restrained price and service competition among chiropractors in New York.

### *Restraints on Advertising by Health Care Professionals*

Advertising by professionals in general, and by health care providers in particular, has grown tremendously since the mid-1970's. The Commission supports the rights of professionals to advertise truthfully. However, the Commission also recognizes the importance of policing the marketplace to ensure that health care professionals do not engage in deceptive or misleading advertising practices.

The Commission's staff works closely with professional health care organizations to help them develop ethical codes that protect against deceptive advertising without infringing on the rights of professionals to advertise truthfully. In December 1985, for example, the Commission published the proceedings of a Commission-sponsored national symposium on "Advertising by Health Care Professionals in the 80's." The symposium featured experts in most facets of professional advertising and was attended by more than 100 representatives of health care groups. The program expanded the Commission's dialogue with these groups, which continued in 1988, and provided information needed by the Commission for an effective professional advertising enforcement program.

In 1988 the Commission continued its cooperative efforts with professional groups regarding allegations of deceptive advertising in the ophthalmic field. The Commission's staff, in conjunction with the American Academy of Ophthalmology and other professional ophthalmic groups, completed a study of consumers' understanding of various terms used in optometric advertising. Publication of the study results is expected early next year.

In addition, the Commission's staff this year completed or initiated new investigations of state professional board regulations that may unnecessarily restrict nondeceptive advertising by dentists and optometrists.

During 1988 the Commission took formal enforcement action in several cases. In January the Commission issued a final consent order that prohibits the Wyoming State Board of Chiropractic Examiners, the licensing authority for chiropractors in Wyoming, from restricting the advertisement by chiropractors of prices and certain other truthful, nondeceptive information or from characterizing such advertising as unethical or unprofessional.

In June the Commission ruled that the Massachusetts Board of Registration in Optometry, the licensing authority for optometrists in Massachusetts, illegally restricted truthful advertising. The Commission decision upholds a 1986 ruling by an administrative law judge, which supported a Commission complaint charging that the board unlawfully conspired to prohibit optometrists from truthfully advertising discounts. The complaint also charges that the board prohibited optical and other commercial establishments from truthfully advertising the names of optometrists or the availability of their services. The order issued by the Commission does not affect the board's authority to prohibit advertising that is fraudulent, deceptive or misleading in violation of state law.

The Commission's staff filed comments with the Idaho State Board of Chiropractic Physicians in December 1987 commenting that the board's proposal to ban only advertising that is fraudulent, false, deceptive or misleading is likely to benefit consumers by encouraging all forms of truthful, nondeceptive advertising. The Commission's staff also urged that the board consider narrowing or deleting two proposed revisions that could prohibit truthful advertising.

In May 1988 the Commission's staff filed comments on regulations of the Montana Board of Dentistry that appeared to restrict truthful price and quality advertising claims. The staff indicated that when truthful advertising is permitted, prices for goods and services are lower than where advertising is restricted or prohibited.

These activities permit older Americans and others to obtain truthful information about health professionals' prices, services, and qualifications and to receive the benefits of price and service competition among health professionals, but do not prohibit reasonable advertising guidelines that protect the public from false or deceptive advertising.

### *Food, Drug, and Health Care Advertising*

Older Americans spend considerably more per capita on health care than do other adults. An important part of the Commission's effort to protect the public from deceptive food, drug, and health care claims is its advertising monitoring program. In addition, the Commission's ongoing contacts with other federal and state officials have helped identify potential targets and projects. During 1988 the Commission has taken action with respect to advertisements for foods and for drugs.

#### *i. Food and Food Supplement Advertising*

The Commission has an active program to police false and deceptive claims in food advertising. A U.S. Department of Agriculture study showed that persons over age 65 spend about twenty-two percent of pre-tax income on food, compared to seventeen percent for persons under age 65. This increases to as much as forty percent for those with smaller incomes. The Commission's staff monitors extensively to determine current issues in food advertising and to identify new ad campaigns of significance to consumers. For example, the staff's monitoring has revealed that nutritional and other composition claims—*e.g.*, low-sodium, low-sugar, low-calorie, high-fiber, low-caffeine—continue to be popular in food ads. Research conducted by the Roper Organization confirms that low-sodium and low-sugar claims are important to consumers.

During 1988 the Commission's staff initiated several new investigations involving either false or unsubstantiated claims for foods or food supplements. In addition, several active cases were continued or concluded this year.

In June 1988 General Nutrition Inc. ("GNC") signed a consent agreement settling allegedly false claims that its dietary supplement, "Healthy Greens," reduced the chances of contracting cancer. In response to an amended complaint, the company agreed to include in the same consent agreement, provisions settling allegations involving claims that the company made for six other food supplements. The amended complaint alleged that advertisements for these products falsely represented that they would enable consumers to retard aging, lose weight or build muscles.

The consent agreement prohibits GNC from falsely claiming that government reports support the use of products such as "Healthy Greens" to reduce cancer risk and prohibits GNC from misrepresenting any scientific test with respect to any product's ability to affect disease. It further requires that, in lieu of consumer redress, GNC pays a total of $600,000 for research in nutrition, obesity, or physical fitness. The money will be divided equally among the American Diabetes Association, the American Cancer Society, and the American Heart Association.

In 1987 the Commission issued an administrative complaint against Kraft Inc., alleging that the company had misrepresented the calcium content of its Kraft Singles. Hearings are currently being held before an agency administrative law judge.

The Food and Drug Administration ("FDA") shares jurisdiction over food and drug advertising and labeling with the Commission. This year, among other things, the Commission's staff supported a proposal by the FDA to permit food manufacturers to include truthful health information on food labels on the ground that the proposal is a powerful means of providing consumers with information that may enable them to improve their health. The staff advocated that the proposed FDA rules be liberalized to permit claims about specific products where scientific evidence would allow it, to encourage research on the nutritional and health components of food, and to adopt the Commission's formulation of the deception standard.

*ii. Drug Advertising*

The Commission's staff is pursuing fraudulent or deceptive performance, pain relief, and safety claims in the drug advertising area. Such claims are likely to be important to older consumers because of the higher incidence of health problems among this population.

During 1988 the Commission concluded its litigation against Phillipe LaFrance U.S.A. Ltd. regarding claims for its "sex nutrient pills," among other products. In April the court approved a settlement involving the remaining defendants which includes a permanent injunction against future misrepresentations and requires payment of a $300,000 civil penalty for the Mail Order Rule violations.

In addition, the staff has carefully monitored advertising for weight-reduction plans and products which have an appeal for many overweight older Americans. In January 1988 the Commission filed a complaint in U.S. District Court charging four companies and three individuals with making false, deceptive, and unsubstantiated advertising claims regarding "Dream Away" and "Advanced Dream Away" diet pills. The complaint alleged in part that Dream Away does not cause weight loss without dieting or exercising, and does not contribute to the weight loss effects of dieting or exercising. In June 1988 the Commission announced that the marketer of Dream Away diet pill, Nutri Marketing, had agreed to a permanent injunction and to pay $1.1 million in redress to consumers. Virtually all of this money has now been distributed in the form of refunds to past purchasers.

The Commission also has recently filed two separate actions in federal district court against companies engaged in the sale of baldness remedies. In both actions, the complaints alleged that representations of the products' effectiveness are false and deceptive.

## NON-HEALTH-RELATED ACTIVITIES

### *Funeral Services*

The Commission's Funeral Rule, which became effective in 1984, is of particular concern to older Americans. It seeks to increase consumer access to accurate information about prices and legal requirements prior to and at the time of purchase of a funeral. In summary, the Funeral Rule: (1) requires funeral directors to provide consumers with a general price list, a casket price list, and an outer burial container price list, as well as an itemized statement of the goods and services selected by the customer at the time funeral arrangements are made; (2) prohibits misrepresentations of legal and cemetery or crematory requirements and the preservative value of embalming, caskets, and vaults; (3) prohibits funeral directors from requiring the purchase of certain goods and services as a condition for purchasing other goods and services; (4) prohibits funeral directors from embalming without prior approval except in very limited circumstances; (5) requires funeral directors to make alternative containers available for direct cremation; and (6) requires funeral directors to give price information over the telephone.

To date, the Commission has filed eight enforcement actions for violations of its Funeral Rule. Two of these enforcement actions are in litigation in Dallas, Texas. The remaining six cases resulted in court-approved consent decrees that imposed civil penalties ranging from $10,000 to $30,000 on funeral homes in Texas, Oregon, Idaho, and Washington, D.C. The Oregon settlement also required that $7,500 in consumer redress be paid to customers who had not given prior authorization for embalming of the deceased. Other matters are under investigation or negotiation by the Commission's staff. Staff members also continue to work closely with consumer and industry groups to educate their members about the requirements of the Funeral Rule.

In 1988 the Commission also initiated a rulemaking proceeding to review the Funeral Rule. This proceeding was mandated by Section 453.10 of the Rule. During this mandatory review, the Commission will determine whether the rule should be retained unchanged, or be expanded, modified, or repealed. The determination will be based on whether the Rule is operating as expected and whether it is still needed. In December 1987 the Commission published an Advance Notice of Proposed Rulemaking ("ANPR") in the Federal Register. The ANPR alerted consumers, the funeral industry and other interested parties to issues in the review such as how the Rule has affected competition, prices and consumer behavior in purchasing funeral services. The Commission received over 350 comments, of which over 130 came from consumers. In May 1988 the Commission issued its Notice of Proposed Rulemaking ("NPR"). The NPR informed the public about the evidence the Commission had gathered, the issues that had been raised and the means for public participation in the rulemaking hearings (which will be held in Washington, D.C., Chicago, and San Francisco). The Commission received 189 comments, of which 147 came from consumers. The Commission will make its final decision by November 1989.

During 1988 the Commission's staff continued its investigations of certain board regulations that may restrict pre-need sales of funeral services. In response to these investigations, one state board deleted its prohibition on testimonial advertising affecting both pre-need and at-need funeral services. Another state board rescinded its formal interpretation of an advertising rule that restricted funeral directors' ability to advertise pre-need services and notified its licenses of the rescission.

### *Mail Order Sales*

In issuing its Rule relating to mail order sales, the Commission noted that less mobile consumers, especially older Americans, frequently order by mail. The Rule requires sellers to: make timely shipment of orders, give options to consumers to cancel an order and receive a prompt refund or to consent to any delay, have a reasonable basis for any promised shipping dates (the Rule presumes a 30-day shipping date when no date is promised in an advertisement) and make prompt refunds. The Commission's staff works closely with industry members and their association to obtain compliance with the Rule and initiates law enforcement actions where appropriate. In 1988 the Commission published an Advanced Notice of Proposed Rulemaking, soliciting public comment on whether the Commission should commence a proceeding to amend the Rule to cover orders placed by telephone or other means. After reviewing the comments, the Commission will decide whether to commence a formal rulemaking proceeding that will include opportunities for oral and written comments.

### *Energy Costs*

The cost of heating and cooling one's home can be significant to many consumers, but especially to older Americans. These individuals may be more likely to spend time at home than working or school age persons, and thus may not be able to conserve energy costs by lowering the thermostat during the day in winter or raising the thermostat during the day in summer. The cost of heating or cooling may fail particularly hard on the older person who lives alone, because the cost is not proportionately less than for a household including two or more persons.

The Commission's Rule regulating claims about home insulation products, the R-value Rule, seeks to protect consumers who attempt to lower energy costs by adding insulation to their existing homes and when purchasing new homes, including retirement housing. The Rule requires that insulation sellers disclose the R-value of the insulation so that consumers can buy the best thermal protection for their money. (R-value measures insulation effectiveness: The higher the R-value, the greater the insulating power.) The Rule also requires installers and new home sellers to give consumers a written disclosure of the type and R-value of the insulation installed.

In 1988, with the assistance of the Department of Justice, the Commission obtained a consent judgment to resolve charges that a cellulose insulation manufacturer and its former owner violated the Rule. The Commission charged that the company overstated the R-value of its insulation. The judgment prohibits further violations of the Rule and requires the company and its former owner to pay a $30,000 civil penalty.

In addition, the Commission obtained and filed a consent decree to resolve charges that an insulation installer and two of its officers violated the Rule. The Commission charged that the defendants overstated the R-value of the insulation they installed. The decree prohibits further violations of the Rule and requires defendants to offer a redress plan to install 12 percent more loose-fill insulation in buildings where they installed insulation between January 1, 1983, and August 31, 1985. The defendants also agreed to pay $10,000 as a civil penalty, which may be reduced or eliminated depending upon the percentage of those who participate in the redress program.

The Commission also filed two district court actions alleging violations of the R-value Rule in 1988. The first action charges that a testing laboratory and its owner kept insufficient records and improperly conducted R-value and related tests for insulation manufacturers who based their R-value claims on the lab's results. The second action charges that a second cellulose insulation manufacturer and its owner overstated the R-value of their insulation.

### *Delivery of Legal Services*

During 1988 the Commission's staff continued its efforts to facilitate consumers' access to legal services. Removing unnecessary restrictions may benefit older Americans, whose income often exceeds limits established by government-sponsored assistance programs but may be insufficient to cover high legal fees.

In November 1987 the Commission's staff commented to the New Jersey Supreme Court's Committee on Attorney Advertising on its rules of professional conduct governing attorney advertising and solicitation. The staff suggested modification of the rules to allow truthful, non-deceptive advertisements and solicitation.

In addition, the Commission's staff in 1988 continued its investigation of advertising restrictions by a state bar association on lawyers' marketing of their services to older Americans.

### *Credit*

The Commission protects older consumers by enforcing the age discrimination provisions of the Equal Credit Opportunity Act (ECOA). Although federal law permits creditors to consider information related to age, creditors may not deny, reduce or withdraw credit solely because an otherwise qualified applicant is over sixty-one years old. Moreover, retirement income must be considered, to the extent that employment is considered in rating a credit application, and credit may not be denied or withdrawn because credit-related insurance is not available to older persons based on their age.

Since 1983, six cases alleging age discrimination under the ECOA have been brought by the Department of Justice either on behalf of the Commission or based on evidence developed by the Commission's staff. A consent decree was entered by the court in each of the cases in settlement of the issues raised. In those cases brought on the Commission's behalf, the defendants paid substantial civil penalties, ranging from $90,000 to $235,000, as part of the settlements. They were also enjoined from discriminating against older credit applicants in the future.

The Commission's staff has continued its investigatory testing program to monitor compliance with these provisions of the Act. Testers pose as credit applicants to discover whether unlawful discrimination is occurring during the application interview that might otherwise go undetected. The testing program continues to be an efficient means of selecting targets for investigation and assessing compliance with the Act. Several investigations currently underway include allegations of age discrimination by the creditor.

### *Telemarketing Fraud*

#### *i. Investment Fraud*

The Commission's investment fraud program is another example of a program that benefits all consumers, but especially older, retired citizens. Investment frauds frequently victimize the public through false promises of large returns on "safe" investments. These frauds obviously harm all investors, but they can particularly hurt older investors, who are vulnerable to fraudulent operators and often ill-prepared to absorb the losses. Some investment fraud firms have bilked individual consumers of $5,000 to $10,000 or more by promising large returns for investments in gemstones, precious metals, rare coins, oil and gas leases, or cellular telephone licenses. These firms usually employ telephone room salespersons who use high-pressure, polished sales pitches.

Although fraud cases, especially those involving oral misrepresentations, are very difficult to investigate, the Commission has an active program to combat investment fraud. Since 1982 the Commission has succeeded in placing approximately 167 named defendants under preliminary or permanent federal district court orders barring fraudulent and deceptive practices. The Commission also has obtained court orders freezing personal and corporate assets that may be used for consumer redress. The Commission's staff estimates that since 1982 the Commission's actions have halted frauds that cost consumers $788 million. To date the Commission's efforts have secured approximately $33 million for consumer redress.

In 1988 the Commission continued its active program in this area. The Commission filed four cases in federal district court involving investment coins and two cases involving investment art. In all six cases the Commission was able to freeze the defendant's assets and secure preliminary injunctive relief. In one of the cases, $4.6 million has been ordered for consumer redress.

### *ii. Travel Scams*

The Commission remains concerned about the proliferation of companies selling so-called bargain priced travel packages over the telephone, known as travel "scams." While travel scams victimize a broad cross-section of Americans, older consumers may be especially vulnerable for several reasons.

First, many older consumers have spent years in the work force saving and planning for travel during their retirement years. Thus, they provide a ready market for travel services. In addition, older citizens often have fixed incomes and seek "bargain" vacations. Finally, many older citizens may find telephone shopping to be a convenience, if not a necessity; thus, telemarketers provide an easy and sometimes essential means of purchasing goods and services, including vacation packages. For these reasons, the Commission is sensitive to the susceptibility of older Americans to travel scams.

During 1988 the Commission's staff continued investigations of travel companies engaged in telemarketing fraud, and monitoring of the sales practices of companies that sell vacation or travel vouchers and certificates. As a part of these efforts, the Commission filed two district court actions charging telemarketers with operating fraudulent travel scams. In each case, a preliminary injunction has halted the company's practices, and an asset freeze preserving funds for possible consumer redress is in effect. In a third case filed last year, the Commission obtained a judgment for $6.6 million in consumer redress from Amy Travel Service, Inc., which is currently appealing the matter.

## *Real Estate Services*

The Commission is involved in several different facets of real estate services that are of particular concern to older Americans. During the 1980's foreclosure actions by lenders have increased, resulting in the establishment of new businesses that can generally be described as "foreclosure help companies." These firms advertise that they can help homeowners in financial difficulty. In 1988, the Commission continued to litigate its Federal district court injunction case against one such company—R.A. Walker and Associates, Inc. The Commission alleged that the company orally represented that the transactions entered into were "loans," when in fact the transactions were "sales." Older consumers were particularly affected by the alleged misrepresentations. The terms of a Commission-obtained preliminary injunction ensure that homeowners can remain in their homes while the case is pending. The Commission has obtained orders reconveying a large percentage of the homes to the former homeowners.

The Commission's staff also has investigated other serious problems facing consumers who used their homes as security for loans to pay medical bills or other personal debts. In 1988, the Commission concluded its Federal district court litigation, initiated in 1985 against Nationwide Mortgage Corporation, Community Mortgage Corporation and ten individuals. The defendants agreed to consent orders enjoining them from misrepresenting loan terms and requiring them to make affirmative disclosures to consumers before making loans.

The Commission's staff also this year has been investigating restraints imposed by real estate multiple listing services. Real estate multiple listing services are associations of firms engaged in real estate services that provide a clearinghouse through which member real estate brokerage firms exchange information with one another on properties for sale in order to locate purchasers and transact sales more efficiently. The potentially anticompetitive restraints being investigated include maintaining bylaws and engaging in practices that exclude certain licensed real estate brokers from membership in the services or that restrict competition among the services' members. Removal of these restraints on residential real estate services may permit older Americans to enjoy increased price and service competition among real estate brokers.

In April 1988, the Commission issued consent orders against multiple listing services in New York and South Carolina. Under these orders, the two listing services end various practices that have allegedly restrained price and service competition among residential real estate brokers, and thereby harmed consumers.

### *Land Sales*

Since 1972, the Commission has issued thirteen orders against land developers. The companies were charged with misrepresenting that the purchase of any land is a sound financial investment; includes little or no monetary risks; and will benefit the purchaser economically as a result of profitable resale. Some of the orders entered in these cases provided for pro-rata refunds to the purchasers or the expenditure of development costs to improve the subdivisions.

Many of the consumers that purchased these undeveloped lots are now senior citizens. These persons counted on the land purchases to aid them in their retirement years or to serve as developed homesite property to build their retirement homes. These cases represent approximately thirty-one subdivisions located in Arizona, California, Colorado, Florida, New Mexico, Missouri, and Texas. More than a half million persons own property in these subdivisions.

The Commission's staff, over the years, has monitored to ensure that the mandated redress payments or refunds have been paid and promised improvements made. In 1988, Horizon Corporation paid out a third distribution of $410,000 to 37,901 lot purchasers, and as provided by the order, the remaining residue of $39,468.50 was distributed to four home improvement associations.

### *Taxicab Regulation*

Older Americans are disproportionately heavy users of taxicabs. The Commission's staff in 1988 continued its efforts to encourage State and local governments to end regulation of rates charged by taxicabs and to remove limits on the entry of new providers of taxi services. These regulations unnecessarily limit competition and tend to raise prices in the taxicab industry. These efforts included the filing of staff comments with regulators in Montgomery County, Maryland, and in Providence, Rhode Island.

## CONSUMER EDUCATION ACTIVITIES AFFECTING OLDER AMERICANS

The Commission, through its office of Consumer and Business Education, is involved in preparing and disseminating numerous publications, public service announcements, and fact sheets of significant interest to older consumers. Some recent consumer education activities are described below.

### *Complaint Resolution and Shopping at Home*

In 1988 the Commission continued its cooperative efforts with the American Association of Retired Persons (AARP) in distributing *How to Write a Wrong,* a booklet jointly developed by the Commission and AARP. The booklet explains how to complain effectively about consumer problems and get results and also contains information about two types of merchandising frequently aimed at older citizens: door-to-door sales and mail order promotions. This booklet is a component of a training program developed by AARP for use in its 5,000 local offices around the country. The FTC, AARP, and the Consumer Information Center in Pueblo, Colorado distributed more than 64,000 copies in 1988 and more than 600,000 copies of the publication since it was first published in 1983.

### *Telemarketing*

During 1988 the FTC continued its focus on telemarketing fraud with the release of a new brochure "Magazine Telephone Scams." The brochure, which warns against telephone scams that sell multi-year magazine subscriptions, has been distributed to more than 34,000 requestors this year.

In 1987 the Commission conducted two shopping-at-home broadcast and print campaigns to alert consumers about telemarketing fraud. One television news release, distributed via satellite to more than 900 stations, cautioned consumers about travel scams sold by telephone. Produced in cooperation with the American Society of Travel Agents, the video release also offered a free brochure, "Telemarketing

Travel Fraud." More than 100,000 copies of the brochure have been distributed through 1988. A second television news release, distributed via satellite to more then 700 stations, warned consumers about investment frauds being sold by telephone. Produced in conjunction with the National Association of Attorneys General, the video release also offered consumers a free brochure, "Telephone Investment Fraud." More than 70,000 copies of that brochure have been distributed to date.

### *Credit*

In 1988 the FTC, the Associated Credit Bureaus, Inc., and the National Foundation for Consumer Credit jointly released a credit booklet, "Building a Better Credit Record," that explains how to understand credit records and credit reports and warns against using fraudulent credit repair clinics. In six months, over 72,000 copies were distributed. Although the booklet has a universal appeal, it might be especially useful to widows or older persons who may have problems getting credit.

During 1987 the Commission and AARP jointly published a brochure, "Credit and Older Americans," to commemorate the tenth anniversary of the passage of the Equal Credit Opportunity Act. More than 50,000 free copies have been distributed since 1987. The FTC also continued to distribute other credit brochures released in 1987 that could be especially useful to older Americans: how to "Fix Your Own Credit Problems;" what to do about "Lost or Stolen Credit and ATM Cards;" and "Buying and Borrowing," a summary of information about buying on credit, buying on layaway, and buying by phone and mail. "Fix Your Own Credit Problems," which is a how-to publication that cautions consumers about credit repair clinics, was produced and distributed in cooperation with the Associated Credit Bureaus, Inc., the National Foundation for Consumer Credit, and the Consumer Information Center. More than 90,000 copies have been distributed in English and Spanish. "Lost or Stolen Credit and ATM Cards," which discusses liability, was produced in cooperation with Citibank N.A. More than 50,000 copies have been distributed. "Buying and Borrowing" was produced and distributed with the U.S. Office of Consumer Affairs and the Consumer Information Center. More than 50,000 copies have been distributed.

### *Funerals*

During 1988 the Commission continued its print education campaign explaining key elements of the Funeral Rule. In response to individual requests, the Commission's staff and the Consumer Information Center sent out more than 30,000 copies of the consumer brochure explaining the rule, bringing total distribution of this brochure since 1984 to more than 230,000.

### *Health*

In 1988 the Commission and AARP distributed more than 144,000 copies of their joint pubication, "Healthy Questions." This booklet explains how to select and use the services of health care professionals, including doctors, dentists, pharmacists, and vision care specialists. Since the publication's release in 1985, more than 400,000 copies have been distributed.

In addition, the Commission produced its own consumer brochure, "Health Claims: Separating Fact from Fiction," on specific aspects of health fraud. In 1988, more than 32,000 copies were distributed to organizations on aging and individual consumers.

### *Housing*

In cooperation with AARP, the Commission developed a publication entitled "Your Home, Your Choice: A Workbook for Older Persons and Their Families." The publication addresses independent and assisted living options for older persons, including home health care, nursing homes, and life-care facilities. Such information is important for older Americans because more than 90 percent of persons over age 65 live in some form of "independent" housing. During 1988, the booklet was distributed to more than 129,000 requestors by AARP and the Commission, bringing total distribution since 1985 to more than 300,000. In addition, AARP uses the workbook as a component in one of its training programs.

In 1986 the Commission published and distributed a brochure called "Real Estate Brokers" to help familiarize consumers with ways to protect their interests when buying or selling a home. The brochure explains technical terms that are used in the industry and elaborates on matters relating to real estate contracts. More than

11,000 copies of the free brochure were distributed in 1988 to organizations on the aging and others.

In 1986 the Commission also released a consumer booklet, "How to Buy a Manufactured Home," prepared in cooperation with the Manufactured Housing Institute (MHI). The booklet discusses warranties and other consumer protections and explains the importance of home placement, site preparation, transportation, and installation. MHI released the publication at its 50th annual National Housing Show in Louisville, KY. It made 115,000 booklets available to manufacturers, who distributed them to retail sales centers for point-of-sale availability to consumers. MHI also provided copies of the booklet free to the Consumer Information Center for distribution. In 1988, over 19,000 were requested, which brings total distribution to more than 65,000. In a survey conducted by the Consumer Information Center of the booklet's readers, 45 percent of the respondents were 55 years of age or older.

### *Money Matters*

As a companion piece to "Healthy Questions," the Commission, in cooperation with AARP, developed a consumer publication called "Money Matters," which explains how to select and use the professional services of lawyers, accountants, financial planners, real estate brokers, and tax preparers. In 1988 the booklet was distributed to 145,000 requesters by AARP, The Consumer Information Center, and the FTC, bringing total distribution since 1986 to more than 500,000.

### CONCLUSION

In this report we have reviewed Commission programs that are of special significance to older Americans. We emphasize, however, that older Americans also benefit very substantially from the Commission's general enforcement activities. In all of its work the Commission is guided by the conviction that vigorous and honest competition is the best mechanism for satisfying consumer needs at the lowest possible cost. Competitive markets are particularly important to older persons, who may be less mobile and limited in their ability to comparison shop. Commission efforts to halt consumer deception and eliminate anticompetitive conduct are designed to keep markets free and fair, and thereby promote the welfare of all consumers.

## ITEM 21. GENERAL ACCOUNTING OFFICE

DECEMBER 19, 1988.

DEAR MR. CHAIRMAN: This report is in response to your September 21, 1988, request for a compilation of our fiscal year 1988 activities regarding older Americans.

Appendix I lists our issued products—35 reports, 10 briefing reports (BR), and 3 fact sheets (FS). Some reports include conclusions and recommendations, but fact sheets contain only information and limited analyses. Appendix II lists 61 assignments in process as of September 30, 1988.

Appendix III summarizes our employment policies, which prohibit age discrimination. On September 30, 1988, 53.1 percent of our work force was 40 years of age or older. We continue to provide individual retirement counseling and group preretirement seminars.

As arranged with your office, we are sending copies of this report to interested congressional committees and subcommittees. Copies also will be made available to others on request.

Sincerely yours,

LAWRENCE H. THOMPSON,
*Assistant Comptroller General.*

### APPENDIX I. GAO REPORTS RELATING TO ISSUES AFFECTING THE ELDERLY ISSUED FROM OCTOBER 1, 1987, THROUGH SEPTEMBER 30, 1988

Following are brief descriptions, presented chronologically, of the GAO reports, including briefing reports (BR) and fact sheets (FS), relating to the elderly issued during fiscal year 1988. An asterisk after the report title indicates that the review was performed at the request of Committees or Members of Congress. Two asterisks indicates that the work was done because of statutory mandate.

#### MEDICARE: BETTER CONTROLS NEEDED FOR PEER REVIEW ORGANIZATIONS' EVALUATIONS (GAO/HRD-88-13, OCT. 8, 1987) *

GAO reported that the instructions under the Health Care Financing Administration's (HCFA's) contract renewal evaluation process, for peer review organizations

(PRO) were inconsistent, incorrect, or not properly implemented by the panels, and documentation of the panels' and HCFA's decisions were not always adequate. In addition, GAO found that HCFA's procedures for monitoring current contracts sometimes lacked criteria to enable monitoring personnel to distinguish between acceptable and unacceptable PRO performance. Also, GAO reported that HCFA set the overall funding for the program on the basis of the minimum amount allowed by law.

### MEDICARE: COMPARISON OF CATASTROPHIC HEALTH INSURANCE PROPOSALS—AN UPDATE (GAO/HRD-88-19BR, OCT. 16, 1987) *

GAO reviewed two new proposals by the Congress—H.R. 2470 and S. 1127—to expand Medicare coverage for catastrophic illness and concluded that the proposals still would leave the elderly at risk of high out-of-pocket costs for two major reasons. First, Medicare provides only minimal coverage of long-term care services for the chronically ill elderly. Second, Medigap policies primarily cover only the deductibles and coinsurance for Medicare-covered services rather than expand coverage to other services.

Neither bill would relieve Medicare beneficiaries of charges in excess of Medicare-approved rates by physicians not accepting the Medicare-determined reasonable charge. Medigap policies generally will not pay for charges above the Medicare-approved rate. Providing further relief under the new bills to elderly who incur high out-of-pocket health care expenses would increase Medicare costs.

### SOCIAL SECURITY: PAYMENT ACCURACY RATES ARE OVERSTATED (GAO/HRD-88-10, OCT. 29, 1987)

Over 33 million beneficiaries received about $175 billion in Social Security benefits during fiscal year 1986. These beneficiaries rely on the Social Security Administration (SSA) to calculate and pay the correct benefits. SSA's sampling methodology and processes for measuring errors and determining accuracy rates are adequate. But when the payment benefits are incorrect, not all the detected errors are included in SSA's error reports because of how SSA interprets errors. Consequently, actual error rates are about twice what SSA calculates, GAO believes. This means that in 1986 about 4.2 million persons were overpaid or underpaid benefits totaling $1.1 billion. GAO found almost two-thirds of the errors were underpayments and most would not have been detected by routine SSA processes.

### PENSION PLANS: POSSIBLE EFFECTS OF REQUIRING EMPLOYERS TO MAKE CONTRIBUTIONS SOONER (GAO/HRD-88-28, OCT. 30, 1987) *

The financial viability of the employee retirement income security program is threatened by large claims from some underfunded plan terminations. GAO reported that the administration's proposal to require employers to pay contributions sooner could help alleviate this problem by (1) ensuring that employers make required contributions and (2) permitting quicker identification of employers who are not making required contributions, so that more timely action can be taken to help protect participants' benefits and reduce potential insurance program claims.

GAO found, however, that most plans are overfunded. To minimize the burden on employers to comply with the Employee Retirement Income Security Act's funding standards, employers already sponsoring plans with funding levels sufficient to protect plan participants and the insurance program should not be required to pay contributions sooner.

### PENSION PLANS: VESTING STATUS OF PARTICIPANTS IN SELECTED SMALL PLANS (GAO/HRD-88-31, OCT. 30, 1987) *

Minimum standards for private pension plans, first established by the Employee Retirement Income Security Act of 1974, required employer-sponsored pension plans to give participants a right to their pension benefits before retirement (vesting). In 1982, the Congress added "top-heavy" rules to requirements the plans must meet to qualify for tax benefits. Top-heavy plans are those in which more than 60 percent of benefits or account balances go to owners or key employees.

Had the Tax Reform Act of 1986 rules for quicker vesting been in effect before 1986 (1) shorter-tenured workers in the 128 plans GAO reviewed would have had to work longer to achieve the same vesting status, (2) the proportion of nonvested women in the plans would have increased from 16 to 29 percent, and (3) the proportion of nonvested men would have increased from 8 to 15 percent.

### MEDICARE: UNCERTAINTIES SURROUND PROPOSAL TO EXPAND PREPAID HEALTH PLAN CONTRACTING (GAO/HRD-88-14, NOV. 2, 1987)*

The Department of Health and Human Services (HHS) has proposed to contract on a prepaid capitation basis with employer-based plans to provide Medicare benefits to their retirees. But GAO reported that there are many unresolved issues involved in implementing such a proposal. HHS would use an untried method to set capitation rates, and the mechanisms used under currently authorized capitation plans to ensure reasonable Medicare costs and benefits for enrolles would not necessarily apply to employer-based plans. Because the concepts in the proposal have not been tested and HHS had problems implementing capitation initiatives in the past, GAO urged caution in proceeding with the proposal.

### VA HEALTH CARE: ASSURING QUALITY CARE FOR VETERANS IN COMMUNITY AND STATE NURSING HOMES (GAS/HRD-88-18, NOV. 12, 1987)*

The quality of care that patients in nursing homes receive is an issue of national concern. In fiscal year 1986, the Veterans Administration (VA) sponsored nursing home care for about 55,000 veterans through community and state nursing home programs at a cost of about $350 million. To provide this service, each of VA's 172 medical centers contracts with privately owned and operated community nursing homes in its service area. The centers do not contract with or place veterans in state homes, but are required to evaluate the quality of care provided to veterans in state as well as community homes.

The eight VA medical centers that GAO reviewed generally complied with VA's requirements for determining that state veterans' homes could provide quality nursing home care. However, the centers were not complying with the intent of VA's requirements for community nursing homes. Where noncompliance was found, typically some of the requirements had not been clearly communicated from VA central office to the field.

### MEDICARE: CHANGE IN CONTINGENCY RESERVE FUNDING HELD DOWN INCREASE IN PART B PREMIUM (GAO/HRD-88-40BR NOV. 30, 1987)*

In this report, GAO describes HCFA's changes in the way it computed the amount in the 1988 Part B premium of Medicare necessary to ensure an adequate reserve to cover contingencies. This change produced a lower increase in the premium for 1988 than would have resulted had the computation been consistent with prior years' practices. In previous years, HCFA viewed the trust fund as being composed of an aged portion and a disabled portion for purposes of setting contingency margins. In the 1988 premium calculation, HCFA viewed that trust fund as one.

### SOCIAL SECURITY: OBSERVATIONS ON DEMONSTRATION INTERVIEWS WITH DISABILITY CLAIMANTS (GAO/HRD-88-22BR DEC. 3, 1987)*

Demonstration projects, mandated by the Social Security Disability Benefits Reform Act of 1984, require face-to-face interviews for claimants, including applicants, at the initial stage in the disability determination process before a final decision is made. These dmonstration projects are intended to test whether such early, face-to-face interviews result in more accurate evaluations of a applicant's condition and ensure that all relevant information is obtained. Currently, the interviews do not take place unless a final decision is appealed to an administrative law judge (ALJ).

GAO's report concludes that any changes to the current system should be carefully considered and should have merits that would justify revising it, such as more accurate decisions at a lower level. These merits should be objectively measured during the evaluation.

### SOCIAL SERVICES: IMPLEMENTATION OF FOOD AND SHELTER PROGRAMS UNDER THE MCKINNEY ACT (GAO/RCED-88-63, DEC. 8, 1987)**

GAO reviewed implementation of the Stewart B. McKinney Homeless Assistance Act, that authorized over $400 million for fiscal year 1987 for several existing and new federal programs. Appropriated funds were to be used mainly for food, rent and utility assistance, operation and maintenance of shelters, and assistance for establishing additional shelter. But none of the funds appropriated pursuant to the act were disbursed by the end of fiscal year 1987. GAO obtained information on the reasons the Department of Housing and Urban Development (HUD) and the Federal Emergency Management Agency (FEMA), administrators of the funds, have had difficulty in meeting legislatively mandated milestones.

GAO also identified several questions that need to be addressed concerning the implementation of the McKinney Act. Is HUD appropriately carrying out the congressional intent regarding capital improvements to shelters operated by religious organizations? Do HUD and FEMA target their programs to the segments of the homeless population required by the act? Should the use of federal funds as matching funds be permitted? Do HUD and FEMA formulas for distributing funds accurately measure the need for funds in a given area?

### MEDICARE: LABORATORY FEE SCHEDULES PRODUCED LARGE BENEFICIARY SAVINGS BUT NO PROGRAM SAVINGS (GAO/HRD-88-32, DEC. 22, 1987)**

GAO examined the fee schedules for Medicare-covered clinical diagnostic laboratory services furnished by physicians, independent laboratories, and hospitals on an outpatient basis. GAO's analysis showed that the fee schedules saved beneficiaries substantial amounts of money, but increased Medicare costs. The schedules had no effect on beneficiary access to laboratory services and no material effect on quality. GAO concluded that the fee schedule system met its objectives, except for saving Medicare money.

If a national fee schedule is computed using the same methodology as was used to compute current fee schedules, GAO reported that rates will go up in some carrrier areas and down in others and total Medicare program payments will increase.

### SOCIAL SECURITY: OBSERVATIONS ON SOCIAL SECURITY'S DATA BASE INTEGRATION PROGRAM (GAO/IMEC-88-19, JAN. 11, 1988)

SSA's data base integration program was initiated to modernize the storage and management of the agency's automated information files. GAO's study found no analysis supporting the requirements that all data files be integrated and immediately accessible. According to SSA documents, these requirements comprise the primary advantage of SSA's modernization strategy.

However, a number of prospective data base contractors noted that SSAs strategy (1) would go beyond the current state of the art for data base technology and (2) would result in a one-of-a-kind system. Should the latter happen, GAO noted that it would limit SSA's ability to take advantage of technological advances in standard data base design.

### MEDICARE: SHARE OF HOSPITALS' INPATIENT USE AND REVENUE (GAO/HRD-88-44BR, JAN. 15, 1988)*

Medicare is an important source of business for hospitals, representing an average 31.5 percent of revenues, 32.3 percent of discharges, and 42.0 percent of inpatient days. GAO reported that Medicare is more important to rural hospitals than urban hospitals as a source of payment, and to rural hospitals with less than 50 beds in particular.

In its review of Arizona, GAO found that, as is the case nationwide, Medicare is important to that state's hospitals in terms of inpatient hospital use and revenues. In Arizona, however, Medicare is slightly more important to urban hospitals than to rural hospitals.

### MEDICARE: PHYSICIAN-SPONSORED ORGANIZATIONS RECEIVE PRIORITY FOR PEER REVIEW CONTRACTS (GAO/HRD-88-43, JAN. 21, 1988)*

There are two categories of peer review organizations—physician-sponsored and physician-access—that help assess the appropriateness and quality of hospital and certain other services to Medicare beneficiaries. Physician-sponsored organizations must be composed of a substantial number of the licensed physicians in the area served by the PRO and be representative of the practicing physicians in that area. Physician-access organizations are required to have available a sufficient number of physicians to assure adequate peer review of services provided by the various medical specialties and subspecialties.

GAO reported that as required by the Tax Equity and Fiscal Responsibility Act of 1982, HCFA gives physician-sponsored organizations priority in the award of PRO contracts and that, according to HCFA documentation, most PROs are physician-sponsored.

### FEDERAL FUNDING: INFORMATION ON SELECTED BENEFIT/MANDATORY SPENDING PROGRAMS (GAO/AFMD-88-31FS, JAN. 27, 1988)*

The Federal Government annually budgets and spends billions of dollars for entitlement, benefit payment, and mandatory spending programs ranging from unemployment compensation to social service grants. This GAO review identifies and describes over 100 of these programs and provides data on the appropriation authority and expenditures each had during recent fiscal years.

### FUND ACCOUNTABILITY: PROCEDURES USED FOR SELECTED BENEFIT/MANDATORY SPENDING PROGRAMS ARE ADEQUATE (GAO/AFMD-88-30, JAN. 27, 1988) *

GAO surveyed seven major social welfare programs at HHS and the Department of Education to determine if they had proper fund accountability frameworks. These programs had a proposed combined budget authority for fiscal year 1988 of $49.3 billion.

GAO found that (1) procedures established by HHS and Education for these programs were sufficient to prevent over-obligation of funds; (2) five of the programs provided grants to states in specific amounts, which limits the total payments that can be charged to the programs; and (3) for the other two programs, funding flexibility had been provided by the Congress through budget authority language contained in the appropriation acts.

### MEDICARE: NUMBER OF RURAL HOSPITALS TERMINATING PARTICIPATION SINCE THE PROGRAM BEGAN (GAO/HRD-88-46, JAN. 29, 1988) *

In this review, GAO found that while the number of hospitals participating in Medicare fluctuates from year to year, the number of rural hospitals terminating participation each year has remained relatively constant since October 1974.

As of December 1986, 2,918 rural hospitals were participating; a total of 446 had terminated participation since Medicare began in 1966. Of the hospitals no longer participating, 48 are in counties that do not currently have a hospital participating in Medicare.

The prospective payment system (PPS) was started in 1984. During the 3 years immediately before the PPS implementation, 25 rural hospitals terminated participation, and 3 counties were left without a hospital participating in Medicare. During the 3 years immediately after PPS started, 41 rural hospitals ceased participation, and 14 counties were left without a participating hospital.

### SOCIAL SECURITY: ADDITIONAL MEASURES COULD MORE FULLY INDICATE THE SYSTEM'S FINANCIAL CONDITION (GAO/PEMD-88-11, FEB. 5, 1988)

The "imbalance year"—the year in which Social Security Trust Funds would go out of close actuarial balance for the subsequent 75-year period—was developed by GAO as an early warning indicator that measures the financial condition of the funds. GAO also developed the "adjusted actuarial balance," which gives a fuller representation of the financial position of the funds than is now available.

These projections suggest that (1) action will be needed soon if the trust funds are to remain in close actuarial balance and (2) options for the Social Security system are likely to include those that permit the accumulation of reserves in the near future, as well as those that limit the reserve buildup.

### MEDICARE: CONTRACTOR SERVICE TO BENEFICIARIES AND PROVIDERS (GAO/HRD-88-76BR, MAR. 16, 1988) *

This GAO report on contractor's performance in fiscal years 1983-87 includes data relating to (1) Medicare claims processing times and accuracy; (2) review of appealed claims cases; (3) processing of hearings related to appealed claims; (4) written, telephone, and walk-in inquiries by benficiaries and providers; and (5) education of beneficiaries and providers about Medicare coverage and requirements.

Contractor performance improved during fiscal year 1987, following several years of decreasing performance. Whether this improved performance will be sustained, given an increasing number of claims, is unclear. Also unanswered is whether the decreased claims processing times in fiscal year 1987 came at the expense of accuracy.

### VETERANS' PENSIONS: VERIFYING INCOME WITH TAX DATA CAN IDENTIFY SIGNIFICANT PAYMENT PROBLEMS (GAO/HRD-88-24, MAR. 16, 1988) *

Nearly $1 billion more in beneficiaries' income was recorded in tax data files for 1984 than was reported to VA that year. By not including this income in its pension calculations, VA made potential overpayments of $182.5 million to nearly 149,000 beneficiares. VA could not have identified most of these potential overpayments, GAO concluded, because it lacks access to tax data.

Further, GAO indicated that allowing VA access to income data reported to the Internal Revenue Service is the most efficient, economical, and minimally intrusive way to obtain reliable, independently reported information to verify income data beneficaries report to VA. Use of the tax data would (1) increase VA pension program efficiency and effectiveness, (2) potentially save millions of dollars, and (3) likely increase beneficiary compliance with VA's income-reporting requirements.

### SOCIAL SECURITY: THE NOTCH ISSUE (GAO/HRD-88-62, MAR. 24, 1988) *

Social Security retirees born just before 1917 generally receive higher benefits than those born in 1917 and after—a disparity commonly referred to as the notch. The higher compensation occurred beginning in 1977 when a change was made to the benefit formula. The change decreased benefits to those who turned 60 after 1977. Because of the way increased inflation affected the formula its continued use without modification would have jeopardized the solvency of the Social Security Trust Funds and required large future increases in payroll taxes to pay for the growing benefits.

GAO reported that legislative proposals to lessen the benefit disparities could jeopardize the financial condition of the Social Security Trust Funds and SSA's ability to finance the coming retirements of the "Baby Boom" generation. Other options would require reducing the growth of benefits to those already retired. This report offers guidelines for any further congressional considerations.

### MEDICARE: POTENTIAL EFFECTS OF SHIFTING THE HOME HEALTH BENEFIT FROM PART A TO PART B (GAO/HRD-88-79, MAR. 25, 1988) *

A GAO analysis showed that shifting home health care payments from Medicare's Hospital Insurance Program (Part A) to its Supplementary Medical Insurance Program (Part B) should not directly affect coverage of services under the home health benefit, the amount of Medicare expenditures for these services, or the way in which the benefit is administered.

This would, however, change the financing source for the benefit from social security payroll taxes, which fund Part A, to beneficiary premiums and general revenues, which fund Part B, GAO reported.

### 401(K) PLANS: INCIDENCE, PROVISIONS, AND BENEFITS (GAO/PEMD-88-15BR, MAR. 29, 1988) *

The Congress has provided incentives to encourage savings in the form of tax deferrals on contributions to retirement savings plans. Judging from responses to a nationally representative sample of 5,000 firms GAO surveyed in 1987, only about 4 percent of all U.S. corporations (about 35,000 out of 793,000 nationally) sponsor cash or deferred arrangement retirement plans, known as 401(k) plans.

But incidence is closely related to firm size; nearly all firms with 5,000 or more employees sponsored such plans in 1986. Thus, almost 6 percent of all full-time civilian U.S. workers were eligible for 401(k) plans that year. The plans were used predominantly for retirement savings, not loan or hardship withdrawals, or as tax-favored ordinary savings or investment instruments.

Most of the 401(k) plan sponsors provided other retirement plans as well, and most made matching contributions to their 401(k) plans. Participants generally chose conservative investment options—over two-fifths of plan assets were in guaranteed interest accounts or balanced funds.

There is some evidence that 401(k) plan benefits are more concentrated among higher-paid rather than lower-paid workers. Participants earning $30,000 a year or more seemed better able to take advantage of the tax deferral for plan contributions. They tended to make larger contributions and deferred a greater percentage of their pay than did lower-paid workers.

Some provisions of the Tax Reform Act of 1986 could reduce employee participation in or contributions to 401(k) plans, perhaps more so among higher-paid workers.

### DISTRICT'S WORKFORCE: ANNUAL REPORT REQUIRED BY THE DISTRICT OF COLUMBIA RETIREMENT REFORM ACT (GAO/GGD-88-60, MAR. 30, 1988) **

The District of Columbia Retirement Reform Act provides for annual federal payments to the District's Police Officers' and Fire Fighters' Retirement Fund. The payments, however, are to be reduced when the disability retirement rate exceeds an established limit. An enrolled actuary determined the disability retirement rate to be 0.752 percent. Since this rate is less than eight-tenths of 1 percentage point, the current limit, GAO reported that no reduction is required in the fiscal year 1989 payment to the fund.

### MEDICARE: PERFORMANCE OF BLUE SHIELD OF MASSACHUSETTS UNDER THE TRI-STATE CONTRACT (GAO/HRD-88-81BR, MAR. 31, 1988) *

The New Hampshire, Vermont, and Maine congressional delegations cited numerous beneficiary and provider complaints about Medicare program services in their states. The areas of complaint were claims payment timeliness and accuracy, telephone service, reviews of denied claims, responses to written inquiries, and requests for information already provided.

GAO reported that Blue Shield did not meet several contract requirements during fiscal year 1986. Blue Shield's performance improved significantly, however, in fiscal year 1987, when it was in compliance with all but one of the contract requirements—telephone service. Blue Shield, in an effort to meet this requirement, provided HCFA with a corrective action plan.

GAO found that the number of Blue Shield employees working on the tri-state contract increased substantially, with staffing levels reflecting (1) a 76-percent increase over the level Blue Shield proposed in its response to HCFA's request for proposal and (2) a 60-percent increase over its actual staffing levels when the contract became operational in October 1985.

### DEPARTMENT OF LABOR: PENSION PLANS AND CORPORATE TAKEOVERS (GAO/HRD-88-58, MAR. 31, 1988) *

The Employee Retirement Income Security Act is designed to protect the rights of workers and their beneficiaries and under private pension plans. In 1987, the act covered some 915,000 private pension and 4.5 million health and welfare plans, which combined had an estimated 75 million participants and about $1.6 trillion in assets. Private pension plans hold about 17 percent of all corporate stock and 7.6 percent of taxable bonds traded in the financial markets. Some pensions plans, when investing plan funds in stocks and bonds or voting stock held as plan investments, have become involved in corporate takeovers.

GAO found that the Department of Labor, which enforces the act, generally learns informally of corporate takeover transactions that involve pension plans. Since March 1985, Labor has investigated 27 instances of potential abuse of pension assets in corporate takeovers, taking legal or other action in two of the cases. Also relative to such matters, Labor has issued one advisory opinion and three advisory letters and filed four civil lawsuits and two friend-of-the-court briefs.

The Department has not acted on certain Congressional recommendations (with which it disagrees) concerning possible conflicts of interst faced by fiduciaries (plan managers) during corporate takeover situations. Labor cited its lack of authority as well as other actions it has taken in regard to fiduciaries' responsibilities in corporate governance, and stated it has not issued a policy statement on this matter.

### SOCIAL SECURITY: TRENDS IN SSA'S INFORMATION TECHNOLOGY SYSTEMS BUDGET (GAO/IMTEC-88-33FS, APR. 20, 1988)

SSA's Information Technology Systems account is composed of funds for automatic data processing (ADP) acquisitions, ongoing ADP operations and maintenance, telephone equipment purchases, and telephone operations and maintenance. While expenditures for the overall account have only increased from $196 million in fiscal year 1985 to $221 million for fiscal year 1989, GAO found that the percentage of funds allocated to the individual components has changed significantly. Telephone system expenditures increased from 34 to an estimated 47 percent, while ADP expenditures decreased from 66 to 53 percent.

For fiscal year 1988, SSA's carryover authority (unobligated funding authority from a previous fiscal year) reached a high of $220 million. The Congress, concerned that SSA had not adequately demonstrated the need for the large accumulated carryover amount, reduced SSA's new budget authority to $53 million for fiscal year 1988. SSA later determined that the $220 million was sufficient to fund Information Technology Systems activities and plans to use the $53 million to fund activities under the administrative expenses appropriation.

### MEDICARE CLAIMS: HCFA PROPOSAL TO ESTABLISH AN ADMINISTRATIVE LAW JUDGE UNIT (GAO/HRD-88-84BR, APR. 20, 1988) **

HCFA has proposed to establish, at a cost of about $15 million, its own hearings and appeals unit to handle Medicare cases, using 42 administrative law judges and operating from one central location. HCFA believes that its proposed ALJ unit will provide faster and less expensive hearings than are currently experienced. Also, it believes that its proposed central location concept will lead to improvements in the management of the caseload of the ALJs, facilitate ALJ training, and promote consistency in the application of Medicare law and regulations.

GAO found, however, that HCFA has little documentation for its proposal and no experience or assurance that the program will operate as envisioned. Given these uncertainties, GAO recommended that HCFA test and evaluate the proposal before implementation.

### MEDICARE: REFINEMENT OF DIAGNOSIS RELATED GROUPS NEEDED TO INSURE PAYMENT EQUITY (GAO/HRD-88-41, APR. 22, 1988)

One of the primary concepts behind Medicare's Prospective Payment System is to encourage hospitals to operate efficiently while providing quality care. To work as intended, it is essential that diagnosis related group (DRG) patients are classified with patients with similar resource needs.

GAO's review found that the concept is not being achieved. Rather, expected treatment costs for the diagnoses and procedures falling under certain GRGs vary greatly. Moreover, high and low expected treatment cost cases are not evenly distributed among hospitals.

As a result, GAO reported (1) hospitals profit or lose on the wide-variation DRGs—contrary to the premise of PPS that hospitals should be rewarded for efficiency, and (2) wide variations in treatment costs within DRGs given hospitals financial incentives to seek patients with diagnoses in the low expected treatment cost range and avoid those at the high end. This in turn could adversely affect access to care for patients with high expected treatment costs and/or result in financial burdens from inequitable PPS payments for hospitals that treat such patients.

### FEDERAL WORKFORCE; EFFECTS OF PUBLIC PENSION OFFSET ON SOCIAL SECURITY BENEFITS OF FEDERAL RETIREES (GAO/GGD-88-73, APR. 27, 1988) *

The public pension offset provision of the Social Security Amendments of 1977 applies to federal, state, and local government retirees who were not covered by Social Security during their government employment, but became eligible for such benefits as the spouse or surviving spouse of a Social Security recipient. This provision prevents the spouses of Social Security recipients from receiving a full spousal benefit in addition to a pension from their own work in government employment not covered by Social Security by requiring a spousal Social Security benefit to be reduced by $2 for every $3 of public pension received.

GAO found that this provision is being applied to 104,608 retired government employees, 74 percent of whom were men. About 69,000 were federal retirees, 79 percent of whom were men. These federal retirees' average monthly Civil Service annuity was $1,412. For 95 percent of them, Social Security spousal or survivor benefits were completely eliminated by the offset provision.

### 401(K) PLANS: PARTICIPATION AND DEFERRAL RATES BY PLAN FEATURES AND OTHER INFORMATION (GAO/PEMD-88-20FS, APR. 29, 1988) *

According to GAO's survey of 5,000 corporations, 70 percent of which responded, 4 percent of the firms sponsored 401(k) plans in 1986; of these, 31 percent offered employees no other retirement plan. Almost no companies employing 500 or more used their 401(k) plans as the sole retirement vehicle. Also called cash or deferred compensation arrangement plans, 401(k) refers to the section of the Internal Revenue Code that qualifies them for special tax treatment. Taxes on employees' contributions to such plans are deferred until their retirement, death, or other specified circumstance.

Of all the 401(k) plans GAO surveyed, 61 percent were established as new plans, not replacements for existing plans of other types. This was true especially among smaller firms. Where a 401(k) plan did replace another plan, the latter commonly was a profit-sharing plan.

When employers also contributed to the plan, 88 percent of employees participated; when employers did not, participation was less than 50 percent. Where the match was dollar-for-dollar, 99 percent of those eligible participated on average.

Employees' participation in a plan also was higher when they could change the percentage they contributed as often as they wanted, the plan did *not* permit participants to borrow from it (this was contrary to some expectations), or withdrawal by employees of the *employer's* (but not the employee's) contributions was allowed for hardship reasons. Whether the plan allowed employees to make added, nontax-deferred contributions or to direct investment of plan assets made no difference in the participation rate.

### LOW-INCOME ENERGY ASSISTANCE: STATE RESPONSES TO FUNDING REDUCTIONS (GAO/HRD-99-92BR, APR. 29, 1988) *

Each year since fiscal year 1986, federal funds for the Low-Income Home Energy Assistance Program (LIHEAP) have declined. The President proposed a further reduction for fiscal year 1989, prompted by the availability to states of hundreds of millions of dollars in oil overcharge settlements.

Five of 13 states GAO reviewed may have available oil overcharge funds that substantially exceed the proposed funding cuts, but 3 would not. For fiscal years 1986–88, oil overcharge funds mitigated, but did not replace federal funding cuts.

On average, the 13 states have not used a large part (14–22 percent) of their oil overcharge funds to support LIHEAP. Unless the 13 states allocate more funds to LIHEAP from other sources than in the past, their 1989 LIHEAP programs may have about 33 percent less funds than in 1986.

Over fiscal years 1986–88, the number of households receiving assistance in the 13 states fell by 6 percent. Eight of the 13 states reduced heating benefit levels (5 of the 8 states had received little or no oil funds). The other five states that did not reduce benefit levels received oil overcharge funds. For fiscal year 1987, when federal funds to LIHEAP first were cut significantly, five states reported negative effects (e.g., benefits reduced, eligibility criteria restricted, weatherization eliminated), while eight did not. The next year, seven states reported negative effects and six reported none. All 13 states predict a negative impact if proposed cuts occur.

### MEDICARE: IMPROVING QUALITY OF CARE ASSESSMENT AND ASSURANCE (GAO/PEMD-88-10, MAY 2, 1988) *

GAO reported that systems with uncertain validity are being used to monitor Medicare quality of care. This makes the accuracy of key information questionable. Further, HHS's strategy for developing quality assurance methods is inadequate to meet future program needs. Short-term efforts could lead to significant improvements. Developing a comprehensive quality assurance research base and creating a program for incorporating this knowledge into Medicare quality assurance efforts, however, would require a long-term commitment that cannot be supported adequately by current resources.

### SOCIAL SECURITY: STAFF REDUCTIONS AND SERVICE QUALITY (GAO/HRD-88-97, MAY 13, 1988) *

A GAO review found that even though SSA continued to implement its planned staff reduction, the quality of SSA service, as measured by SSA indicators, for the quarter ending December 1987 improved in most cases when compared with data for the December 1986 quarter. Two exceptions were the processing time for hearings and the Retirement and Survivors Insurance process accuracy for initial claims. Client satisfaction remains high, GAO reported, but morale problems within the agency continue.

### VA HEALTH CARE: MONITORING OF CARDIAC SURGERY AND KIDNEY TRANSPLANTATION (GAO/HRD-88-70, MAY 26, 1988) *

VA has established minimum standards for determining whether a medical center performing cardiac surgery is maintaining an acceptable level of utilization and patient mortality. It does not use the standards as the sole basis for judging a center's performance, but to identify centers that may be experiencing performance problems. GAO's review found VA's monitoring inadequate to (1) help centers not meeting the standards to improve their performance or (2) assess the centers' potential for meeting the standards.

VA also has established a minimum utilization standard for assessing centers' performance concerning kidney transplants. It has not, however, adopted standards for assessing the centers' survival rates for patients with transplanted kidneys. GAO reported that VA needs to establish these survival rate standards and use them to evaluate each center's performance so that those not performing at an acceptable level are identified promptly.

### HCFA RESEARCH: AGENCY PRACTICES AND OTHER FACTORS THREATEN QUALITY OF MANDATED STUDIES (GAO/PEMD-88-9, JUNE 3, 1988) *

A GAO study found that mandated reports from HCFA's Office of Research and Demonstration to the Congress on research, demonstrations, and evaluation of the Medicaid and Medicare programs were not fully responsive to congressional mandates, frequently late, and varied in their technical adequacy. Not a single stage of the research management process—planning, project execution, or report review—was without problems. GAO indicated that overall, the relevance, timeliness, and technical adequacy of the office's research and evaluation activities have improved little since the early 1980s.

### MEDICARE: SIMPLIFIED PROCESSING OF DECEASED BENEFICIARIES' CLAIMS TO BE IMPLEMENTED (GAO/HRD-88-99, JUNE 21, 1988) **

GAO reported that processing of certain Medicare claims involving deceased beneficiaries is being delayed. However, HCFA is planning to simplify procedures for processing such claims in the near future, which would reduce the delays.

### MEDICARE: IMPROVED PATIENT OUTCOME ANALYSES COULD ENHANCE QUALITY ASSESSMENT (GAO/PEMD-88-23, JUNE 27, 1988) *

HCFA's 1987 hospital mortality analyses improved on the methods used in 1986 by including patient-level data, more clinically coherent diagnostic groups, and more appropriate techniques to adjust for severity of illnesses. These analyses have attracted widespread interest, as well as concerns about misinterpreting the results. For the analyses, HCFA used Medicare data it already collects on individual patients.

HCFA could make added improvements in the key area of patient severity adjustment. To make future analyses of patient outcome more credible and useful, GAO reported HCFA should more fully validate the analytical approaches it selected, systematically check its data for accuracy and completeness, and analyze outcomes from several years to reduce the effect of random variation. So far, HCFA's application of Medicare patient outcome analyses has been limited and not notably effective in identifying quality problems.

### VA HOSPITAL CARE: A COMPARISON OF VA AND HCFA METHODS FOR ANALYZING PATIENT OUTCOMES (GAO/PEMD-88-29, JUNE 30, 1988) *

VA modeled its approach to anlayzing hospital mortality data after the method employed in HCFA's 1987 analysis of Medicare hospitals. GAO found that VA made some changes, however, such as modifications in the diagnostic categories analyzed. VA also adjusted for two variables, race and total lengh of hosptial stay, which under certain circumstances could mask some differences in quality of care across hospitals. GAO reported that VA deserves credit for planning validation efforts in conjunction with the initial development of its approach.

### RETIREMENT INCOME: 1984 PENSION LAW WILL HELP SOME WIDOWS, BUT NOT THE POOREST (GAO/HRD-88-77, JULY 11, 1988) **

If the spousal consent requirement of the Retirement Equity Act of 1984 had been applicable in 1980-81, GAO's analysis showed that the wives of 100,000 newly retired men, who chose not to provide a private pension survivor benefit, would have had the opportunity to gain entitlement to the benefit. Had the men who did not elect survivor benefits done so, the median survivor benefit would have been about $142 per month for all wives and $68 per month for those in the lowest third of the income distribution.

While the increased access to survivor benefits from private pensions would increase the income of elderly widows, GAO indicated that it would have a negligible effect on their poverty rate, because widows most likely to become poor had husbands who lacked pensions. Even if they gained access to survivor benefits from private pensions, most low- and middle-income wives would continue to depend on social security benefits as their major source of income in widowhood.

### HEALTH INSURANCE: HOSPITAL INDEMNITY AND SPECIFIED DISEASE POLICIES ARE OF LIMITED VALUE (GAO/HRD-88-93, JULY 12, 1988) *

Typically, hospital indemnity and specified disease policies pay only a small portion of the policyholder's costs of covered medical services. Several states have concluded that this insurance is of little value to consumers.

Of 12 states that GAO visited, 3 currently ban or restrict the sale of specified disease policies and 2 advise consumers against buying them. All 12 states had educational programs to help consumers choose health insurance and personnel who try to resolve consumer complaints about insurance, and 7 had procedures for reviewing insurance advertising material. GAO concluded that shopping around for a hospital indemnity or specified disease policy is advisable because available policies offer substantially different benefits at widely varying costs.

### MEDICARE: ISSUES CONCERNING THE HEALTH CHOICE DEMONSTRATION PROJECT (GAO/HRD-88-69, JULY 20, 1988) *

HCFA awarded to Health Choice, a nonprofit company, two contractors for a demonstration project intended to (1) test the effect of educating Medicare beneficiaries on the HMO option by giving them comparative information on participating HMOs in their community and (2) determine the feasibility of using a broker as a marketing agent.

GAO's review found that combining the two components into a single project resulted in problems that HCFA should resolve before authorizing future broker projects. GAO indicated that HCFA should also determine whether sufficient authority exists to fund independent broker projects.

### MEDICARE AND MEDICAID: UPDATED EFFECTS OF RECENT LEGISLATION ON PROGRAMS AND BENEFICIARY COSTS (GAO/HRD-88-85, JULY 26, 1988) *

Major legislative changes in Medicare from 1980 through 1987 played an important role in slowing down the program's cost growth, according to GAO. GAO also found that the Medicare beneficiaries, the average, inflation-adjusted, out-of-pocket cost per enrollee for covered services increased between 1980 and 1986 by about 73 percent for Part A services and about 36 percent for Part B services. Six major laws were expected to have a mixed effect on Medcaid program costs; two were expected to result in savings and others to increase program costs.

Changes in Medicaid recipients' out-of-pocket costs could not be analyzed because of varying state cost-sharing requirements and the unavailability of state data. However, GAO found that 28 states have increased cost-sharing requirements for Medicaid recipients as a result of the Tax Equity and Fiscal Responsibility Act of 1982. This has held down Medicaid's cost growth.

### FEDERAL RETIREMENT: IMPLEMENTATION OF THE FEDERAL EMPLOYEES RETIREMENT SYSTEM (GAO/GGD-88-107, AUG. 4, 1988) *

GAO reported that the Office of Personnel Management implemented the Federal Employees Retirement System well, issuing information on the policies and procedures necessary to have the pension plan in place by January 1987. Also the Office developed and made available substantial information to assist employees in making their decisions about transferring to the new retirement system.

About 2.8 percent of eligible employees covered by the civil service retirement system transferred to the new plan. As of March 1988, about 700,000 employees were in the plan.

Despite delays in appointing members to the newly created Federal Retirement Thrift Investment Board and other start-up problems, the Board implemented the thrift plan in less than 6 months. Many of the start-up problems occurred because of coordination problems with over 600 payroll offices, but the Board also carried out its responsibilities well.

### MEDICARE: EXPERIENCE SHOWS WAYS TO IMPROVE OVERSIGHT OF HEALTH MAINTENANCE ORGANIZATIONS (GAO/HRD-88-73, AUG. 17, 1988) *

This report is the result of congressional concerns about the rapid growth of Medicare HMOs, their compliance with Federal standards, and the adequacy of Federal oversight.

Although it has relatively limited data with which to monitor HMO quality of care and the reasonableness of HMO capitation rates, HCFA could use available data more effectively. HCFA's staffing for compliance monitoring has not kept pace with HMO growth. Most problems were resolved quickly after an HMO was notified, but a few HMOs did not respond to HCFA's request for corrective actions. While HCFA tried to resolve these problems, the practical effect often was little more than to document them. In each instance that GAO reviewed, HCFA could have acted more quickly and forcefully. GAO believes that additional sanction authority could prompt HCFA to do so.

### SOCIAL SECURITY: LITTLE OVERALL CHANGE IN TELEPHONE ACCESSIBILITY BETWEEN 1985 AND 1988 (GAO/HRD-88-129, SEPT. 15, 1988) *

Information in this report is based on test calls GAO made to SSA facilities in May 1988 to monitor SSA service to the public in light of continuing staff reductions. During the May 1988 test, GAO had easy access for 71 percent of the calls compared to 73 percent of calls during a May 1985 test. Overall, 15.2 percent of its initial test calls got busy signals, as did 6 of every 10 repeat calls. Also, as in the

1985 test, accessibility during the 1988 test varied widely among SSA phone facilities, among SSA regions, and according to when the call was made.

### SOCIAL SECURITY: DECISION TO IMPLEMENT NATIONWIDE 800 TELEPHONE SERVICE (GAO/HRD-88-120, SEPT. 21, 1988)*

GAO reported that implementation of the SSA's 800 service will cost $34 million a year more than the current service, but $19 million less than improving the service in use now. GAO concluded that the decision to implement the 800 number in October 1988 appears reasonable, but poses some risk that service and efficiency might be less than planned, at least temporarily.

Phone service demand may exceed phone answering capabilities, creating excessive busy signals. Also, demands that toll-free service places on SSA's computers could result in reduced operating efficiency and affect the timeliness of service. SSA is developing contingency plans for these events, which it believes will help mitigate these problems, should they materialize.

### PENSION PLANS: EFFECT OF THE 1987 STOCK MARKET DECLINE ON SELECTED LARGE PLANS (GAO/HRD-88-128BR, SEPT. 26, 1988)*

GAO reviewed 174 pension plans sponsored by 92 private employers and unions whose combined assets decreased substantially when the stock market crash occurred in October 1987. The decreases, however, were more than offset by gains during the first 9 months of the year, with most pension plans experiencing increases in asset values for the year. The extensive growth in the stock market from 1982 through 1986 resulted in gains that far exceeded the losses from the October 1987 market decline.

## APPENDIX II. GAO AUDITS IN PROCESS AS OF SEPTEMBER 30, 1988, RELATING TO ISSUES AFFECTING THE ELDERLY

An asterisk after the audit title indicates that the review is being performed at the request of a Committee or member of the Congress. Two asterisks indicate that the work is being done because of statutory mandate.

Use of the Early Retirement Authority by the Department of Defense*

Review of Patient Satisfaction with Care They Received at Military Medical Facilities*

Review of Medicare Payments for Services Provided by HMOs

Study of Variations in Medicare Payments to Teaching and Nonteaching Hospitals**

Evaluation of Medicare Carriers' Utilization Review Activities*

Survey of Cost and Use of Contracting With Noncertified Nursing Agencies to Provide Medicare Home Health Services*

Impact of Applying Home Health Cost Limits By Discipline**

Evaluation of Medicare Hospice Program*

Review of Physician Incentive Plans Used by HMOs With Medicare Risk Contracts*

Evaluation of Medicare's Part B Secondary Payer Program**

Survey of HCFA's Management of the Medicare Peer Review Organization Program**

Survey of Transfer of Medicare Patients to VA Hospitals**

Evaluation of Ophthalmologist/Optometrist Reimbursement Arrangements for Cataract Surgeries Paid by Medicare*

Review of Medicare-Insured Group Demonstration Project**

Review of Medicare Payments to Anesthesiologists**

Survey of the Appropriateness of Medicare Fee Schedule Payments for Clinical Diagnostic Laboratory Services**

Survey of Appropriateness of Medicare Payments For Durable Medical Equipment**

Comparative Analysis of Hospital Costs and Revenues*

Review of Medicare's HMO Rate-Setting Methodology**

Review of State Mandatory Assignment Programs Under Medicare*

Review of Medicare's Professional Review Organization Program for HMOs*

Survey of the Paperwork Requirements Associated With Medicare Claims

Survey of the Cause of Increase of Medicare Part B Payments**

Study of Physician Ownership of Facilities to Which They Make Referrals*

Evaluation of Existing Medicare Hospital Cost Reporting Systems**

Evaluation of Impact of Medicare Secondary Payer Provisions of Disabled Beneficiaries*

Review of Medicare Paying for Home Dialysis Care Services*

Survey of Paperwork Requirements for Vermont Home Health Agency Claims

Survey of Denials of Medicare Intermediaries of Home Health Care Claims*

Medicaid Nursing Home Resident Savings Bond Holdings

Transfer of Assets to Become Eligible for Medicaid Nursing Home Care

Survey of Alternatives for Increasing Access to Nursing Homes for Medicaid Beneficiaries*

State Regulations of Private Long-Term Care Insurance*

Compilation and Synthesis of Existing Information on Long-Term Care Issues for the U.S. Bipartisan Commission on Comprehensive Health Care*

Limited Assurance That Board and Care Residents' Needs Are Being Met*

State In-Home Services for the Elderly*

Survey of How Employee Stock Ownership Plans Are Designed to Benefit Participants*

Effect of Stock Market Decline on Pension Plans*

Survey of the Extent That Employers Provide Employee Health Benefits*

Survey of Changes in Employer-Sponsored Retiree Health Plans With Over One Hundred Participants*

Enforcement of the Employee Retirement Income Security Act of 1974*

Cost Estimates for Employer-Sponsored Retiree Health Benefits*

Followup to the SSA Management Review

SSA Employee Views on Social Security Service Changes*

Review of the Solvency of the Railroad Retirement Board Trust Funds*

What Are the Alternatives to the Combined Annual Wage Reporting Process?

Characteristics of the Disabled Population: Observations and Policy Implications*

Review of SSA's Appeals Process*

Attorney Fees Under SSA Programs*

Evaluation of SSA's Office of Hearings and Appeals*

Review of the Black Lung Program*

Review of the Low-Income Home Energy Assistance Block Grant**

Evaluation of Medical Device Recalls: Case Study of the Cardiac Pacemaker*

Evaluating the Relative Effectiveness of Alternative Medical Review Protocols*

Modeling Factors Associated with the Effectiveness of Quality Assessment of Medicare Peer Review Organizations*

Statistical Analysis of Factors Associated with the Effectiveness of Medicare Peer Review Organizations' Medical Review*

An Assessment of the Methods Used in HCFA's 1988 Analysis of Medicare Hospital Mortality*

Patterns of Use of Coronary Artery Bypass Surgery Among the Elderly

Homelessness: HUD and FEMA Progress in Implementing the McKinney Act**

## APPENDIX III. GAO ACTIVITIES AFFECTING OLDER PERSONS

GAO appointed 663 persons to permanent and temporary positions during fiscal year 1988, of whom 144, (21.7 percent), were age 40 and older. Of GAO's total work force of 5,680 on September 30, 1988, 3015 (53.1 percent) were 40 and older.

GAO employment policies prohibit discrimination based on age. GAO's Civil Rights Office continues to provide information and advice to persons regarding allegations of age discrimination.

GAO continues to provide individual retirement counseling and preretirement seminars for employees nearing retirement age. The counseling and seminars are intended to assist employees in:

—Calculating retirement income available through the Civil Service and Social Security systems and understanding options involving age, grade, and years of service;

—Understanding health insurance and survivor benefit plans;

—Acquiring information helpful in planning a realistic budget based on income, tax obligations, and benefits, and making decisions concerning legal matters;

—Gaining insights and perspectives concerning adjustments to retirement;

—Increasing awareness of community resources that deal with preretirement planning, second career opportunities, and financial planning; and

—Increasing awareness of lifestyle options available during the transition from work to retirement.

## ITEM 22. LEGAL SERVICES CORPORATION

DECEMBER 8, 1988.

DEAR SENATOR MELCHER: Thank you for the opportunity to provide the members of the Special Committee on Aging with information regarding the Legal Services Corporation's activities relating to the elderly.

I trust the enclosed material will be useful in completing your annual report.

Very truly yours,

JAMES P. SCHOENER,
*Director, Office of Policy Development and Communications.*

### ASSISTANCE TO THE ELDERLY

During 1987, the 324 regularly-funded Legal Services grantees throughout the country maintained over 1,150 offices. These offices were staffed by over 6,380 advocates (attorneys and paralegals) who were responsible for closing 1,421,805 cases nationally. Approximately 13% of those clients were over age sixty. While LSC continues to provide the majority of funding for these services, projections indicate that other income sources, such as IOLTA programs, provide significant resources. IOLTA is projected to provide approximately 29 million dollars in 1988 to assist with civil legal assistance problems. Over 11 million dollars for legal assistance will be provided to LSC grantees directly under the Older Americans Act to provide services for senior citizens.

In addition to these services in the fiscal year 1988, the Legal Services Corporation funded or administered a variety of other major programs which increased the provision of legal services to elderly Americans. These programs included the 1987-1988 Law School Civil Clinical Program, and the 1988-1989 Law School Civil Clinical Program. The Corporation also sponsored a number of other initiatives designed to service the elderly, among them National Senior Citizen's law Center, and Legal Counsel for the Elderly. This report will give an overview of those programs.

### 1987-88 LAW SCHOOL CIVIL CLINICAL PROGRAM

For the academic year 1987-1988, LSC funded a total of 26 law school clinics. Ten of those law school clinics selected to participate in the 1987-1988 Law School Civil Clinical Program dedicated their projects to elderly assistance. This represented roughly 38% of all LSC resources devoted by LSC to law school clinical courses in that academic year.

*Brooklyn Law School.*—Brooklyn Law Schol was granted $50,000 to continue and expand the Frail Unit of the Senior Citizen's Law Office. The Frail Unit was begun as part of a 1984-1986 Elderlaw initiative. Elderly people who are homebound, frail, or institutionalized, or otherwise unable to travel, were serviced by the clinic. Grant period—10/1/87-9/30/88.

*Columbus School of Law, The Catholic University of America.*—The Columbus School of Law, with a grant of $49,887.89, continued its Advocacy for the Elderly Clinic. Advocacy for the Elderly was founded in 1985 with a grant from the Legal Services Corporation. The clinic specialized in servicing the homebound and protecting the rights of the institutionalized. Grant period—10/1/87-9/30/88.

*Community Legal Clinics, George Washington University School of Law.*—George Washington University was granted $37,200 to continue expansion of specialized protective services and probate representation. These services were originally made possible in 1985 by an Elderlaw grant. Grant period—9/1/87-8/31/88.

*The Legal Clinic, Southern Illinois University School of Law.*—Southern Illinois University was granted $48,600 to expand its ongoing program of providing legal assistance to the elderly in southern Illinois. The clinic concentrated its efforts on providing services to minorities, the homebound, and nursing home residents. Grant period—9/10/87-9/9/88.

*Sixty Plus Law Center, Thomas M. Cooley Law School.*—The Sixty Plus Law Center was granted $32,000 to continue its program of assisting client services through its Medicare Recovery Project. The Project assisted residents of skilled nursing facilities in appealing denials of Medicare coverage. Grant period—9/1/87-8/31/88.

*University of Denver College of Law.*—The University of Denver expanded services to disadvantaged elderly clients in consumer, housing, family, public benefits, health care, insurance, and wills using a $50,000 grant. Grant period—10/1/87-9/30/88.

*Benjamin N. Cardozo School of Law, Yeshiva University.*—The Cardozo School of Law was granted $50,000 to expand delivery of legal services to the homebound and hospitalized elderly poor. The clinical program also assisted other legal services providers with research, model pleadings, and memoranda on elderly issues. Grant period—8/15/87-8/14/88.

*Thurgood Marshall School of Law, Texas Southern University.*—Thurgood Marshall School of Law was granted $32,000 to expand its elderly law clinic. Areas of focus included wills, taxation, public benefits, housing, and protective services. Grant period—9/1/87-8/31/88.

*University of Texas at Austin.*—The University of Texas at Austin was granted $39,848 to fund a joint project with the Legal Aid Society of Central Texas. The program featured elderly law education and legal representation. Grant period—9/1/87-8/31/88.

### 1988-89 LAW SCHOOL CIVIL CLINICAL PROGRAM

For the academic year 1988-1989, LSC also funded a total of 26 law school clinics. Eight of those schools will concentrate their efforts throughout the year in assisting elderly clients.

*University of Denver School of Law.*—The University of Denver again received $50,000 to broaden outreach efforts to disadvantaged elderly clients from the Denver, Colorado area in consumers, housing, family, public benefits, health care, insurance, and wills. Grant period—9/1/88-8/31/89.

*Indiana University at Indianapolis School of Law.*—Indiana University/Indianapolis chose to combine grants from LSC and the Department of Education to expand services to the elderly who suffer from disabling illnesses. Particular emphasis for the LSC grant of $20,604, is to expand supporting services to deal with Medicare, Medicaid, medical insurance, nursing home and home health care legal services. Grant period—9/1/88-8/31/89.

*Gonzaga University School of Law, University Legal Assistance.*—Gonzaga University chose to target senior citizens as one of three primary focus groups for legal services to be provided under its $48,349 grant. The grant funds enabled student interns to expand administrative agency and housing legal assistance for the elderly in Spokane, Washington. Grant period—9/1/88-8/31/89.

*Thurgood Marshall School of Law, Texas Southern University.*—Thurgood Marshall School of Law was granted $45,110 to expand its elderly law clinic. Areas of focus included wills, taxation, public benefits, housing, and protective services. The clinic continues to emphasize preventative legal education as well as direct client service to the elderly in Houston, Texas. Grant period—9/1/88-8/31/89.

*Southern Illinois University at Carbondale School of Law.*—Southern Illinois University, also a Title III recipient, was granted $49,448 to expand its ongoing program of providing legal assistance to the elderly in southern Illinios. The clinic will concentrate its efforts on providing services to minorities, the homebound, and nursing home residents in such areas as family law, public benefits and adult guardianship. Grant period—10/1/88-9/30/89.

*Sixty Plus Law Center, Thomas M. Cooley Law School.*—The Sixty Plus Law Center was granted $50,000 to continue its program of assisting client services by the Medicare Recovery Project. The Project will assist residents of skilled nursing facilities in Michigan in appealing denials of Medicare coverage. Grant period—9/1/88-8/31/89.

*Columbus School of Law, the Catholic University of America.*—The Columbus School of Law was granted $49,981 to continue its Advocacy for the Elderly Clinic. Advocacy for the Elderly was founded in 1985 with a grant from the Legal Services Corporation. The clinic specializes in servicing the homebound with an emphasis on the legal problems created by physical immobility, and mental incapacity. In addition to health care issues, the clinic assists Washington, D.C. residents with the legal problems surrounding guardianship and institutionalization. Grant period—9/1/88-8/31/89.

*Benjamin N. Cardozo School of Law, Yeshiva University.*—The Cardozo School of Law was granted $50,000 to continue delivery of legal services to the homebound and hospitalized elderly poor in New York City. The clinical program also assists other legal services providers with research, model pleadings, and memoranda on elderly issues. Grant period—9/1/88-8/31/89.

### NATIONAL SENIOR CITIZENS LAW CENTER

The National Senior Citizens Law Center (NSCLC) was granted $589,512 in 1988. Under terms of its grant, the NSCLC provides a variety of services to its national service area. In addition to producing and distributing *Washington Weekly,* and *Nursing Home Law Letter,* the Center provided direct assistance in approximately

2,000 cases for elderly clients for calendar year 1987, and provided training for private attorneys, legal services lawyers, and paralegals on such topics as age discrimination, Medicaid, Medicare, long-term care, the Older American Act, pensions, Social Security/SSI, and disability. The NSCLC also provided legislative and administrative representation as requested by Congressional authorities. Either Burton D. Fretz, Executive Director, or George J. Alexander, Chairperson, can provide further information.

### LEGAL COUNSEL FOR THE ELDERLY

A total of $107,102 was granted to the Legal Counsel for the Elderly (LCE) in 1988. LCE provided specific outreach to the homebound and Hispanic communities of Washington, D.C. These services are generally in the areas of public benefits protection, protective services, consumer, and probate.

In 1987 LCE volunteer lawyers, working with volunteers from the American Association of Retired Persons (AARP), serviced over 250 cases. The Services are generally in the areas of public benefits protection, protective services, consumer, and probate. Either Wayne Moore, Executive Director, or Steve Schneebaum, Chairperson, can provide further information.

## ITEM 23. NATIONAL ENDOWMENT FOR THE ARTS

December 13, 1988.

Dear Mr. Chairman: I am pleased to report to you on the Fiscal Year 1988 activities of the National Endowment for the Arts concerning arts programs involving older Americans.

Through advocacy, technical assistance and funding, the Endowment seeks to ensure that older Americans have opportunities to enjoy the best of our nation's art. We continue to work on all fronts to improve access to cultural programs through the elimination of attitudinal, financial, logistical and architectural barriers.

This agency's concern and commitment to the full participation of all citizens in the arts is not only reflected in its mission and policies, but also in its advocacy and support for older Americans as outlined in the attached report. Be assured that the National Endowment for the Arts will continue its work to make the arts a meaningful part of our older citizens' lives.

Thank you for this opportunity to present the Special Committee on Aging with an overview of the Arts Endowment's work in progress for older citizens.

Sincerely,

Frank Hodsoll,
*Chairman.*

Enclosure.

### Summary of Activities Relating to Older Americans Fiscal Year 1988

### INTRODUCTION

The National Endowment for the Arts' mission is "to foster the excellence, diversity and vitality of the arts in the United States" and "to help broaden the availability and appreciation of such excellence, diversity and vitality."

The Endowment is actively engaged in an effort to make the arts more available in the firm belief that the arts enrich the lives of all individuals, regardless of age. We understand the importance of including older Americans in the arts as creators, staff, students, teachers, volunteers, and supporters. Older adults are valued volunteers in arts organizations across the country. The Endowment's 1987 activities report to the Senate Committee noted that large and rapidly growing numbers of older Americans, who are healthier and better educated than ever before, present the potential for increased audiences for the arts.

As in previous reports, we have used research data to assess the potential that Endowment programs have to address issues affecting older people. Recent studies indicate that, like audiences for the arts, higher levels of education and income are the best predictors of volunteering by older adults (Chambers, *Good Deeds in Old Age: Volunteering By The New Leisure Class,* 1987). Approximately 25 percent of Americans 65 and older participate in some kind of volunteer work. Volunteers make significant contributions to the vast growth of cultural activity. Not only have they founded many of the cultural organizations in this country, but they work for their survival. In addition, studies show that, as the amount of volunteer time increases, so does the amount of charitable giving to non-profit organizations. For example, individuals in the 50–64 age group give the highest percentage of their income to non-profit organizations, 3 percent, and the 65+ group gives the next highest rate among age groups, 2.7 percent (Yankelovich, Skelly, & White, Inc., *The Charitable Behavior of Americans: A National Survey,* 1987). The survey reports that the 65+ group has the most favorable attitudes towards charitable giving of any group, making older Americans an increasingly greater resource for giving to the arts.

## OFFICE FOR SPECIAL CONSTITUENCIES

The Office for Special Constituencies serves as the technical assistance and advocacy arm of the Arts Endowment for people who are older, disabled, or living in institutions such as nursing homes.

This office works with Endowment staff and grantees, state and local arts organizations, as well as other Federal agencies, to educate and advocate quality arts programming for special constituencies. Established in 1976 by the National Council on the Arts, the office works in a wide variety of ways through technical assistance, funding and advocacy initiatives. Some examples of activities coordinated by the Office for Special Constituencies include:

### *Design for Aging*

The Arts Endowment continues its effort to educate designers on the needs of older Americans. In March 1986 with Endowment support, the American Institute of Architects (AIA) produced *Design for Aging: An Architect's Guide.* In 1987, the Endowment collaborated with AIA to update and reprint the Guide.

During this reporting period, the Special Constituencies Office worked with the University of Michigan's College of Architectural and Urban Planning and AIA to update and expand the computerized bibliography that is listed in the Guide. The University conducted a comprehensive search to identify, gather and organize recent informational resources useful to architects and others working in the area of design for aging. As a result, the bibliography has been increased from 800 to 2,500 citations. Presently, its key word index is being converted to the Art and Architecture Thesaurus to make it more accessible to designers and convenient for their use.

### *Model Projects*

The Local Programs and the Office for Special Constituencies have developed model demonstration guidelines for projects which encourage greater access to the arts for older and disabled people. There are between 1,500 and 2,000 local arts agencies in this country; 225 of these are grantees of the Endowment's Local Programs. As the Endowment builds its relationship with this relatively new field, we encourage local arts agencies to assume leadership roles in developing greater audiences of special constituencies.

The specific objectives of the model demonstration projects are to develop, implement and document ways to increase participation of disabled and older people in arts programming. Emphasis is placed on integrating individuals into current arts activities rather than developing new and distinct or separate programs. For example, local arts agencies may provide technical assistance, determine effective ways to create accessibility, and seek sources of revenue for structural and programmatic improvements.

The guidelines encourage arts agencies to identify and seek partnerships with existing community organizations representing disabled and/or older people. These partnerships may provide a number of resources including: locating people who can serve on advisory committees, funding resources, and direct assistance with workshops.

Funding guidelines will be mailed to state and local arts agencies on December 20, 1988, and the application deadline is April 3, 1989. Grant awards will be announced in September 1989. This initiative will support approximately 7–10 models. Others will benefit from the examples set by those conducting the model programs. Project results will be disseminated to local arts agencies through publications, state and national meetings of arts groups, as well as through the Special Constituencies Office.

### *State of the Arts Report*

In 1985, the 99th Congress requested that "the Chairperson of the National Endowment for the Arts, in consultation with state and local agencies, relevant organizations, and relevant Federal agencies, develop a practical system of national information and data collection on the arts, artists, and arts groups, and their audiences." The information collected should include, the Congress continued, "information regarding the availability of the arts to various artist segments, including rural communities."

With respect to the arts, nothing approaching the scope of this effort had been attempted by a Federal agency before. The report focuses on the various art forms themselves—their artists and organizations, financing and audiences, and their means of passing on their various legacies. In developing the report, the Endowment consulted widely with respresentatives of state and local arts agencies, service organizations and trade associations representing a diversity of arts groups, and with organizations concerned with arts education. Specifically, the Endowment's Special Constituencies Office worked with organizations representing older and disabled people, grantees and Endowment staff to assure that issues regarding special constituencies were highlighted in the report. For example, the report discusses the Endowment's mission and role with regard to access and audience participation:

> "The Endowment also works actively to promote access to the arts for older and disabled audiences and artists. It has been estimated that by the year 2000, the average number of years Americans spend in retirement will increase from the current figure of 13 to 25 years; Americans 65 and older will represent a well-educated 13 precent of the U.S. population. In fact, the number of older Americans has already jumped from 3 million at the turn of the century to 29 million today. And the U.S. Department of Health and Human Services estimates that one in six Americans has some kind of disability.
>
> The Arts Endowment works in all its discipline programs to reach and serve older and disabled Americans through advocacy, technical assistance and funding activities. Special initiatives by Endowment grantees address older Americans through such efforts as reduced ticket prices to theatrical and media productions which present realistic portrayals of older Americans. The Endowment also sponsors presentations to educate arts administrators about how to include and reach these special groups. In the area of design the Endowment joined with the American Institute of Architects Foundation and three other Federal agencies to develop "Design for Aging: An Architect's Guide" a handbook on the physical, psychological and social issues of aging as they relate to design and the quality of life for older Americans."

The Design Arts section of the report discusses designing for the lifespan:

> "There is a growing awareness among architects of the need to rethink the needs and characteristics of the audience served by their designed efforts. Incorporating basic access features and universally designed products into a facility ensures that the building will accommodate all users throughout their lifespan. Accessible design features not only serve this nation's aging population and 37 million citizens with impairments (U.S. Bureau of Census studies, 1986), 21.8 million of whom are under age 65, but accommodate children, parents with strollers, and others. Studies have shown integrating access features into the design of facilities in the planning stages increases costs less than one-half of one percent in most projects (*The Estimated Cost of Accessible Building*, Edward Steinfeld, 1979).
>
> Projects, such as that of the Innovative Housing For Community in San Rafael, CA, are rethinking design of affordable housing, better to fit demongraphic shifts towards single person and single parent households. This design study, which was funded in part by Endowment grants, produced designs which are barrier free and serve cross-generational occupancy. We need to pay greater attention to the unique needs of special populations as part of the design process."

The Arts Endowment submitted this report, "The Arts in America," to the President and Congress on October 2, 1988.

### *National Center on Arts and Aging*

The Endowment works with the National Center on Arts and Aging, a program of the National Council on Aging, to assure that arts organizations are aware of recent research and developments concerning older people, and to insure the arts and aging communities work together in making quality arts programs available to older Americans. The Center is the only non-profit national program established to provide services to arts/aging personnel and groups working to involve older adults in the arts. The Center operates Gallery Patina, the only national gallery devoted exclusively to exhibiting fine arts and crafts created by older artists. During this reporting period, exhibitions included 30 photographs by 87 year old photojournalist, Lucien Aigner; and works by 24 older Kentucky folk artists that were organized by the Kentucky Arts and Crafts Foundation in Louisville.

### ENDOWMENT FUNDING

The Endowment continues to make programs through expanded advocacy and funding for arts activities involving older people. It is difficult to estimate the total number of Endowment supported programs that serve older Americans, since people of all ages benefit from Endowment grants. However, many Endowment grants support arts activites that are specifically organized to include older people.

For example, the Endowment Folk Arts Program awarded a $25,000 grant to the Amana Arts Guild in Amana, Iowa for its cultural heritage program. This Amana community is composed of seven small villages, in which 65 percent of the 1,500 residents are over 65 years of age. This community represents a unique way of life in the American patchwork of cultural diversity. Their communal past would be lost if the community customs and art were not transferred to the next generation. This project is providing a structured environment in which their cultural traditions will be recorded, catalogued, and transferred to younger Amana residents. The Guild is developing an educational program for the continued transfer of artistic expression through workshops in schools, festivals, classes, and older artists working with children on a one-to-one basis. The program includes quilting, basketmaking, tinsmithing, carpetweaving, wood working, storytelling, poetry and music written in the workplace.

Other examples of Endowment supported efforts that benefit older people are listed by arts discipline.

### PROGRAM SUMMARY OF NATIONAL ENDOWMENT FOR THE ARTS—ARTS IN EDUCATION

*Arkansas Arts Council*, in Little Rock, Arkansas, supports Living Connections, a troop of older actors who present theater workshops and performances in schools and nursing homes.

*California Arts Council*, in Sacramento, CA, sponsored storyteller Olga Loya, who worked with students in grades seven and eight from a small rural school near Eureka, California. The children interviewed older people at the local day care center and developed stories based on the interviews. Later, they performed these stories for the older people at the center.

### DESIGN ARTS

*University of Wisconsin*, in Milwaukee, WI, is developing a design guide to enhance the quality of life for people with Alzheimer's Disease and their care givers.

*Colorado Dance Festival*, in Boulder, CO, is conducting a study to determine the feasibility of a facility and park that incorporates the performing and visual arts, a senior congregate care program and pre-school.

*Charlene A. Browne* in Blacksburg, VA, received a design fellowship to conduct research on how landscape architecture can improve the outdoor environment for older adults in nursing homes and retirement communities.

*Project Restore*, in Los Angeles, CA, is conducting a study on how the built environment can be made more accessible to older, disabled, and non-English speaking people.

*Distinguished Designer Fellowships* were awarded to two older Americans:
  *Daniel U. Kiley* of Charlotte, VT; and
  *Victor Papanek* of Lawrence, KA.

### EXPANSION ARTS

*Catamount Film and Arts Co.*, in St. Johnsbury, VT, conducts weekly visual arts workshops, and presents art exhibitions in three area nursing homes.

*Elders Share the Arts, Inc.*, in New York City, provides a state-wide arts program for older citizens. Professional artists are trained to lead creative workshops in senior centers, nursing homes and community centers.

*Oregon Senior Theater Ensemble*, in Beaverton, OR, presents performances by older actors in rural areas of Eastern Oregon.

*Senior Arts, Inc.*, in Albuquerque, NM, conducted its fifth annual performance-workshop series on September 1, 1988. The series presented traditional and contemporary artists to over 6,000 members of the older community.

## FOLK ARTS

*Augusta Heritage Center of Davis and Elkins College,* in Elkins, WV, is presenting performances by Appalachian artists who are between 60 and 80 years old.

*Central Pennsylvania Village Crafts, Inc.,* in Bellefonte, PA, documented the work and biographical history of 50 rural quilters, many of whom are older Americans.

*The New York Center for Urban Folk Culture,* in New York City, sponsored a folk festival featuring a variety of older traditional artists.

*The Finney County Historical Society,* in Garden City, KA, presented a Folk Arts Heritage Program that featured older artists of Southwest Kansas.

*The Gaudalupe Cultural Arts Center,* in San Antonio, TX, presented the Seventh Annual Tejano Conjunto Festival which included older performing artists.

*Hospital Audiences, Inc.,* in New York City, is presenting a series of lectures/demonstrations by four traditional folk artists in nursing homes and hospitals.

*Kansas State Historical Society,* in Topeka, KA, presented a folk arts program including older artists who demonstrated their traditional skills.

*The National Council for the Traditional Arts,* in Washington, DC, celebrated the 50th anniversary of the National Folk Festival that featured many older folk artists.

*The Old Time Music and Dance Foundation, Inc.,* in Madison, TN, sponsored several older traditional artists who participated in Tennessee Banjo Institute.

*Rapid City Fine Arts Council,* in Rapid City, SD, sponsored a cowboy folk traditions program at the Black Hills Heritage Festival. Many citizens in Rapid City area are retired ranchers and cowboys.

*Yivo Institute,* in New York City, is documenting the career of 91 year old Dave Tarras, who is an expert on the history of Klezmer music.

*National Heritage Fellowships* were awarded to thirteen artists whose work has been characterized by "authenticity, excellence, and significance within a particular artistic tradition." Eight of the recipients are over 60 years old:

*Pedro Ayal* of Donna, TX;
*Amber Densmore* of Chelsea, VT;
*Sister Rosalia Haberl* of Hankison, ND;
*Albert Luandrew (Sunny Slim)* of Chicago, IL;
*Willie Mae Ford Smith* of St. Louis, MO;
*Clyde "Kindy" Sproat* of Hapaau, HI;
*Arthel "Doc" Watson* of Deep Gap, NC; and
*Yang Fang Nhu* of Detroit, MI.

## INTER ARTS

*Kentucky Center for the Arts,* in Louisville, KY, provides discount tickets to organizations that serve older citizens through its Audience Development Fund.

*Krannert Center for the Performing Arts,* of the University of Illinois in Urbana, continues its audience development initiative for older citizens. The project includes a transportation network, special informational materials related to services and matinee performances for older people.

## LITERATURE

*The Teachers and Writers Collaborative,* in New York City, links young, "emerging" writers who need assistance with older writers.

*Fellowships for Creative Writers* were awarded to three older inidviduals who have made extraordinary contributions to American literature over a lifetime of creative work:

*Hayden Carruth* of Syracuse, NY;
*Anthony Derrigan* of South Bend; IN; and
*Elizabeth Spencer* of Chapel Hill, NC.

## LOCAL PROGRAMS

*South Dakota Arts Council,* in Sioux Falls, SD, opened a community arts center that serves as the area's cultural center. Activities include art classes designed for older citizens.

## MUSEUM

*The American Craft Museum,* in New York City, presented "America's Living Treasures", a series of exhibitions of older artists' work.

*The Henry Street Settlement*, in New York City, presents a museum education program in the local community. Targeted audiences are school children and older citizens.

### MUSIC

*Anchorage Symphony Orchestra*, in Anchorage, AK, provides concerts in the community for older citizens and children.

*Baton Rouge Symphony Association*, in Baton Rouge, LA, provided 250 programs by their resident string quartets and ensembles in nursing homes, senior centers and other community settings.

*Binghamton Symphony and Choral Society, Inc.*, in Binghamton, NY, provides transportation and discount subscriptions to older residents of senior housing centers.

*Canton Symphony Orchestra Association*, in Canton, OH, presented 130 performances in the community including senior centers and nursing homes.

*Dallas Symphony Orchestra*, in Dallas, TX, provides discount tickets to older citizens and students, and presents free concerts in area parks aimed at older adults.

*Flint Institute of Music*, in Flint, MI, performs special Sunday matinees with light classical programming designed to interest families and senior citizens.

*Flynn Theater for the Performing Arts, Ltd.*, in Burlington, VT, presented its annual five day jazz celebration in local parks, restaurants, malls, and senior centers.

*Lark Society for Chamber Music*, in Portland, ME, conducts outreach activities including concerts for older citizens and a benefit concert for a local organization that serves homeless individuals.

*Lexington Philharmonic Arts Place*, in Lexington, KY, produces ensemble performance for older citizens in retirement homes and hospitals.

*Milwaukee Music Ensemble*, in Milwaukee, WI, provided free tickets to 300 older and disabled persons.

*Mohawk Trail Concerts*, in Greenfield, MA, is presenting six concerts in the community; each is co-sponsored by a church or senior center. The local organizations help plan, publicize, sell tickets, and recruit volunteers.

*Musicians Association, Inc.*, in New York City, sponsors the Senior Concert Orchestra of New York that performs in schools, concert halls and senior centers. The musicians are 65 years or older, and most are veterans from major symphony orchestras.

*New Orleans Philharmonic Symphony Society*, in New Orleans, LA, continues its concert programs in accessible locations for older, disabled, and ethnic minority audiences.

*Puerto Rican Symphony Orchestra Corporation*, in Santurce, PR, provides discount tickets for students, older adults and disabled individuals.

*San Francisco Early Music Society*, in San Francisco, CA is presenting a concert series in Bay Area retirement homes and communities.

*Sarah Johnson and Friends*, in Charleston, SC, offers discount tickets to senior citizens and students for matinee and evening performances.

*Santa Fe Chamber Music Festival*, in Santa Fe, NM, presents music for two senior groups.

*The Saint Paul Chamber Orchestra*, in St. Paul, MN, is performing the 16-week Ordway Music Series for older people and students.

*Santa Barbara Symphony*, in Santa Barbara, CA, offers discount tickets for their Sunday Matinee Series to encourage attendance by students and older citizens.

*San Francisco Symphony*, in San Francisco, CA, sponsors a Senior Subscription Discount Series to develop larger audiences of older people.

*Stamford Symphony Society*, in Stamford, CT, expanded its performances in the community to include senior centers.

*Visiting Artists, Inc.*, in Davenport IA, visits older people in nursing homes and hospitals to teach and share their art.

*Warren Wilson College, Inc.*, in Swannanoa, NC, offers free admission and transportation to its Swannanoa Chamber Music Festival for older people in the surrounding community.

*West Shore Symphony Orchestra*, in Muskegon, MI, performs a series of 12 concerts in nursing homes.

*Jazz Masters Fellowships*, in recognition of outstanding lifetime accomplishments, were awarded to three older artists from New York City:

*Arthur Blakey*;
*Lionel Hampton;* and
*William "Billy" Taylor.*

### OPERA MUSICAL

*Opera America,* in Washington, DC, continues its technical assistance program, which assists member companies in providing accessibility for disabled and older citizens. The program includes incentives to opera companies in the form of mini-awards for accessible programming and workshops.

### THEATER

*Roadside Attractions, Inc.,* in Detroit, MI, sponsors the Attic Theater which is training eight older citizens to perform in schools, nursing homes, community centers and churches througout Michigan.

### VISUAL ARTS

*California College of Arts and Crafts,* in Oakland, CA, provides a series of lectures by artists who will speak at sites appropriate to their work. Media artist, Suzanne Lacy, will present her art concerning older women in a senior retirement community.

*Wadsworth Atheneum,* in Hartford, CT, is presenting multi-media artist, Robin Winters, in its Lion Gallery of the Senses. During his eight-day residency, he will meet with older people and school children.

*Women's Caucus for the Arts,* in Berkeley, CA, will honor several women over 65 years old, during their annual conference, who have made significant contributions to the visual arts.

## ITEM 24. NATIONAL ENDOWMENT FOR THE HUMANITIES

DECEMBER 7, 1988.

DEAR SENATOR MELCHER: I am pleased to enclose a report summarizing the major activities for or about the aging supported by the National Endowment for the Humanities in fiscal year 1988.

Many of the projects that received Endowment support during the past year either involved older Americans as grant recipients or project contributors or were of particular interest to them. Several also specifically addressed older persons as an audience or aging as an issue. But the potential of NEH for older Americans does not stop there. The products resulting from all Endowment programs are available to older Americans for their personal enjoyment and enrichment—from the books and articles written by humanities scholars to the film and radio programs and reading and discussion groups supported by our General Programs division.

The State humanities councils have also been very active in developing programs for or about the aging, and a number of their efforts are summarized in the report. Anyone wishing further information on the state councils' activities in this area is invited to contact NEH or any one of the councils.

I hope that you and your committee will find this material useful. Please let me know if we can be of any further assistance.

Sincerely,

LYNNE V. CHENEY,
*Chairman.*

Enclosure.

### REPORT ON ACTIVITIES AFFECTING OLDER AMERICANS IN 1988

### I. THE MISSION OF THE ENDOWMENT

The National Endowment for the Humanities was established by Congress to support the advancement and dissemination of knowledge in history, literature, philosophy, and other disciplines of the humanities. NEH grants sponsor scholarship and research, promote improvements in education, and foster greater public understanding and appreciation of our cultural heritage. Grants are awarded in response to unsolicited project proposals and on the basis of evaluative judgments informed by a rigorous process of peer review. The agency does not set aside fixed sums of money for work in any discipline or for any particular area of the country or group. As a result, there is no grant program at NEH specifically for senior citizens; nor is there a funding category within the agency expressly designed to support the study of aging or the elderly. Rather, projects for or about senior citizens may receive support through the full range of Endowment programs.

Although the Endowment does not have programs specifically related to aging, NEH-supported books, lectures, exhibitions, productions for radio and television, library reading and discussion programs, and adult education courses help bring the humanities to senior citizens. In addition, each year a number of scholars, sixty-five or older, receive NEH funding to conduct research in the humanities, while others assist the Endowment by serving on grant review panels or as expert evaluators.

### II. PARTICIPATION BY OLDER AMERICANS IN NEH PROGRAMS.

Older scholars compete for Endowment support on the same basis as all other similarly qualified applicants. Applications for funding are evaluated by peer panels and specialist reviewers, Endowment staff, the National Council for the Humanities, and the NEH Chairman. Only applicants whose proposals are judged likely to result in work of exemplary quality and central significance to the humanities receive support. However, anyone may apply for an NEH grant, and no one is barred from consideration because of age. Each year numerous projects are funded that involve older persons as primary investigators, project personnel, or consultants.

The Jefferson Lecture in the Humanities is the highest official award the federal government bestows for distinguished intellectual achievement in the humanities. Since its establishment in 1972, the lecture has provided an opportunity for eighteen of the nation's most highly regarded scholars to explore in a public forum matters of broad concern in the humanities. Not coincidentally, many of the scholars so honored have been among the most senior members of their profession. Walker Percy, who will deliver the 1989 Jefferson Lecture, Robert Nisbet, Cleanth Brooks, and Sidney Hook are among the American scholars, sixty-five years of age or older, who have received this honor in recent years.

Endowment support for older scholars is particularly evident in the Division of Research Programs. Of course, this is merely a reflection of the depth and breadth of knowledge that many of the most senior scholars bring to their work in the humanities. In several cases, older scholars are receiving NEH support to continue long-term, collaborative research projects that they have directed and sustained for many years. Several grants awarded during FY 1988 to eminent scholars, sixty-five years of age or older, illustrate the excellence of NEH-supported research currently being done by these older Americans;

—$80,000 that will enable University of Virginia history professor William Abbot to continue editing a comprehensive edition of the papers of George Washington. Professor Abbot has published fifteen volumes since the first edition in this series appeared in 1976.

—$13,436 that will enable John K. Fairbank to complete editing of the journals of Robert Hart, a British national who between 1854 and 1908 built the Chinese Maritime Customs Service. Professor Fairbank is widely regarded as the dean of East Asian studies in the United States.

—$20,000 that will enable John Hope Franklin, James B. Duke Professor of History at Duke University, to research and write a book about runaway slaves. Professor Franklin is the author of several of the standard texts in black-American history and was the Endowment's 1976 Jefferson Lecturer.

—$199,000 that will enable Frederic Cassidy of the University of Wisconsin to continue work on his monumental *Dictionary of American Regional English.*

Older Americans also participated in NEH programs by serving as grant review panelists, specialist reviewers, or members of special advisory groups. Historian and former Librarian of Congress Daniel Boorstin; Beatrice Patt, Emeritus Professor of romance languages at Queens College, New York; and Daniel Aaron, V.S. Thomas Professor of English and American languages at Harvard University are among the senior scholars who contributed their time and talent in this way during FY 1988.

In some cases, older Americans without scholarly training have contributed to Endowment-sponsored projects by providing invaluable information. For example, several NEH-supported projects to document or preserve the unique cultures of Native American peoples are heavily indebted to older tribal members for their resources of memory and understanding. In FY 1988, a total of $317,716 was awarded for three projects that are compiling dictionaries of the Hopi, Alabama, and Hupa native American languages while it is still possible to interview surviving speakers.

Of course, the Endowment achieves its greatest impact among older Americans when they read boods, attend public programs, or participate in educational activities made possible by an NEH grant. The humanities programs for the general public supported by the Endowment through our Division of General Programs and many of the formal learning opportunities supported through our Division of Education Programs reach large numbers of older persons.

*Higher Education in the Humanities.* According to statistics released by the Department of Education, 39 percent of the students enrolled in institutions of higher education in 1986 were 25 years of age or older and 42 percent were attending classes on a part-time basis. Adults of all ages are now returning to college to take courses outside of the regular undergraduate schedule or sequence. The Endowment's Higher Education in the Humanities program offers support for institutions seeking to make humanities study more accessible to these adults, who may not be adequately served by the conventional structures of higher education. Because continuing education programs are typically offered in local communities at sites such as community colleges, high schools, or public libraries—sometimes supplemented by telecommunications hookups with an instructor at a central location—such programs may be particularly well suited to the needs of older persons. As in all Endowment programs, NEH-supported projects for adult learners are intellectually substantive and thoroughly grounded in the scholarship of the humanities.

*Humanities Projects in Media.* Television productions supported by the Endowment, such as the widely acclaimed *American Short Story, Life on the Mississippi, Huey Long,* and *Voices and Visions,* are ideal for older people who cannot or prefer not to leave their homes. On the other hand, elderly persons who have visual handicaps may find Endowment-sponsored radio programming better suited to their needs. In FY 1988, for example, the Endowment awarded $81,498 to the Globe Radio Repertory of Seattle to produce 13 half-hour radio programs dramatizing Gustave Flaubert's *Madame Bovary,* and we awarded $173,780 to National Public Radio to produce a series of features on art history and criticism for NPR's nationally syndicated program *Performance Today.*

Information about NEH-sponsored media programs is routinely provided to organizations working for special groups, including the elderly. For many elderly people confronting problems such as impaired vision, reduced mobility, and isolation, Endowment-funded media programs not only provide individual access to the humanities but also create opportunities to initiate a stimulating dialogue with others.

*Humanities Projects in Museums and Historical Organizations.* In this program, the Endowment is making an effort to reach the elderly by encouraging museums or historical organizations receiving federal funding to waive entrance fees for senior citizens and others on certain days.

*Humanities Projects in Libraries.* By sponsoring reading and discussion programs for adults in public libraries, this Endowment program is helping to make intellectually stimulating activities available to senior citizens in their local communities. For example, in FY 1988 the American Library Association received $358,000 to create a national program of reading and discussion groups focused on the Endowment-supported television series *Voices and Visions,* an examination of the lives and work of 13 major American poets. The groups will read selections from the work of each featured poet; then, after viewing the broadcasts together, they will listen to lectures delivered by invited scholars and participate in scholar-led discussions of the poems. The Howard County Library in Maryland received $135,600 to conduct reading and discussion programs in public libraries and senior centers throughout that state. This program will be based on the nationally distributed "Let's Talk About It" series developed by the American Library Association, also with NEH support. In all, the Endowment awarded $1.9 million during FY 1988 for programs that will offer adults all over the country and opportunity to read and talk about important books.

### III. EXAMPLES OF NEH GRANTS SPECIFICALLY FOR OR ABOUT OLDER AMERICANS

Since FY 1976, the Endowment has awarded approximately $3.3 million to the National Council on the Aging for its "Discovery Through the Humanities" program. Throughout a network of over 1,500 senior centers and other sites participating in this project, volunteer leaders guide small groups of senior citizens through active, in-depth discussions of the work of prose writers, poets, artists, philosophers, scholars, and critics. Program staff prepare and distribute thematically organized anthologies and ancillary instructional materials and provide training and technical assistance to discussion leaders. The fourteen anthologies currently in use include: "A Family Album, The American Family in Literature," "Images of Aging," "Americans and the Land," "The Remembered Past, 1914–1945," "Work and Life," and "The Search for Meaning." Each anthology is designed to stimulate the group participants to relate what they read to their own experience and to universal human issues. Ranging between 100 and 300 pages in length, printed in large print type, and attractively illustrated with paintings, sculpture and photographs, each anthologizes material from history, philosophy, and literature; both the classics and contemporary authors are represented.

In FY 1988, the National Council on the Aging received $70,935 to continue and to broaden the "Discovery Through the Humanities" program. During the Constitutional Bicentennial period of 1987–1989, the program is stimulating thoughtful discussion of constitutional issues through its newly developed anthology, "The Family, The Courts and the Constitution."

During the past fiscal year, the Endowment made 3 other awards for projects designed to inquire into aging-related issues or to make available materials or activities of interest to the elderly:

—$13,750 for a College Teacher Fellowship that will enable a philosopher at West Virginia University to undertake a study of ethics and the elderly.

—$135,600 to the Howard County Library to provide reading and discussion programs in public libraries throughout Maryland.

—$128,350 to the National Council on the Aging to implement a series of reading and discussion programs on railroad history that will be presented in six western states. The programs, linked to the 1989 centennials of Washington, Idaho, North Dakota, South Dakota, Montana, and Wyoming will be produced in collaboration with NCA-affiliated resource centers for older adults and with the six state humanities councils.

The Endowment supports on a contractual basis several long-term research studies on conditions in the humanities. These studies provide a wide range of demographic data on individuals who have earned an advanced degree in an humanities discipline and are an important source of information about older Americans who are or have been members of the professoriate or one of the professions. Since 1977, for example, NEH has supported the Survey of Doctorate Recipients, which gathers data on the characteristics and career patterns of persons who have received a Ph.D. in the humanities. This data base includes the salaries and type and location of employment of all persons who have received a doctorate degree within the last forty-three years.

## IV. STATE PROGRAMS AND THE AGING

The State Programs Division of the Endowment makes grants to humanities councils based in the fifty states, Puerto Rico, the District of Columbia, and the Virgin Islands. These councils, in turn, competitively award grants for humanities projects to institutions and organizations within each state. State humanities councils have been authorized to support any type of project that is eligible for support from the Endowment, including educational and research projects and conferences. The special emphasis in state programs, however, is to make focused and coherent humanities education possible in places and by methods that are appropriate to adults.

Examples of projects for older Americans or about aging-related topics that received state council support during FY 1988 are presented below.

*Connecticut.*—The Connecticut Humanities Council supported reading and discussion programs, traveling exhibits, lectures, and film and discussion programs in senior centers, nursing homes, health care facilities, and housing units. These programs were often co-sponsored by local libraries.

*Illinois.*—The Illinois Humanities Council supported a series of lecture programs in senior centers that examined aging as a theme in literature. Works discussed included *Gulliver's Travels, Death of a Salesman*, and *King Lear*.

*New Jersey.*—With support from the New Jersey Committee for the Humanities, a series of reading and discussion programs for senior citizens was conducted in retirement communities, drop-in centers for the elderly, and libraries throughout the state.

*New York.*—The New York Humanities Council funded a lecture series on American plays that deal with the issues of aging. The participants discussed the older person in the context of these plays for a psychological, social, artistic, and historical point of view.

*Rhode Island.*—The Rhode Island Council for the Humanities funded a project to conduct oral history interviews with elderly Hispanic Rhode Islanders, who were invited to record their knowledge of folklore, the immigrant experience, and changing cultural and familial patterns. The transcripts will become part of the state's Oral History Collection.

*South Carolina.*—The South Carolina council supported a public forum at Winthrop College in Rock Hill on ethical issues in health care for the elderly.

## GRANTS RELATED TO THE AGING OBLIGATED DURING FY 1988

Grantee: Individual, FB-25521-88.
Mr. Mark R. Wicclair (West Virginia University).
Pittsburgh, PA 15228.
Cong. District: 18.
Approved date .......................................................................................... November 1987

| | |
|---|---|
| Start date | Jan. 1, 1988 |
| End date | June 30, 1988 |
| Approved (OR) | $27,500 |
| Funded (OR) | $13,750 |
| Obligated | $13,750 |

Title: Ethics and the Elderly.
Grantee: Inst/Organiz, GL-20825-88.
Ms. Patricia L. Bates, Howard County Library.
Columbia, Md 21044.
Cong. District: 03

| | |
|---|---|
| Approved date | February 1988 |
| Start date | Apr. 1, 1988 |
| End date | Mar. 31, 1990 |
| Approved (OR) | $135,600 |
| Funded (OR) | $135,600 |
| Obligated | $135,600 |

Title: "Books Provide the Key. . ."
Project Descriptions: To support reading and discussion programs in public libraries and senior centers throughout Maryland.
Grantee: Inst/Organiz, GP-21362-87-00-3-0
Ms. Sylvia Riggs Liroff, National Council on the Aging, Inc.
Washington, DC 20024.
Cong. District: 88 At Large.

| | |
|---|---|
| Approved date | February 1987 |
| Start date | Apr. 1, 1987 |
| End date | Dec. 31, 1988 |
| Approved (Match) | $150,000 |
| Funded (Match) | $120,935 |
| Obligated | $70,935 |

Title: Discovery through the Humanities.
Project Descriptions: To support a nationwide humanities program for older adults and intergenerational groups, "Discovery through the Humanities."
Grantee: Inst/Organiz, GP-21479-88
Ms. Sylvia R. Liroff,
National Council on the Aging, Inc.
Washington, DC 20024
Cong. District: 88 At Large.

| | |
|---|---|
| Approved date | August 1988 |
| Start date | Oct. 1, 1988 |
| End date | Oct. 31, 1988 |
| Approved (OR+Match) | $153,280 |
| Funded (OR) | $128,350 |
| Obligated | $128,350 |

Title: We Got There on the Train: Railroads in the lives of the American People.
Project Descriptions: To support planning for 60 scholar-led reading and discussion groups on railroad history in six western and northern states.

## ITEM 25.—NATIONAL SCIENCE FOUNDATION

NOVEMBER 30, 1988.

DEAR MR. CHAIRMAN: Your letter of September 21, 1988, to the Director of the National Science Foundation (NSF) was referred to me since this Directorate provides most of NSF's support for research on aging.

It is a pleasure to report on the activities of NSF related to aging and the concerns of the elderly. As stated in the enclosed report, the Foundation does not have any programs directed specifically toward issues related to aging. However, basic and applied research projects having both direct and indirect bearing on this important area of national concern are supported through the Foundation's regular research grant programs. Most such projects have been supported through the Division of Emerging Engineering Technologies in NSF's Directorate for Engineering, and through the Divisions of Behavioral and Neural Sciences, and Social and Economic Science in the Directorate for Biological, Behavioral and Social Sciences.

If you would like additional information, please do not hesitate to call on me.

Enclosure.

MARY E. CLUTTER,
*Acting Assistant Director.*

## REPORT FOR DEVELOPMENTS IN AGING

The National Science Foundation, an independent agency of the Executive Branch, was established in 1950 to promote scientific progress in the United States. The Foundation fulfills this responsibility primarily by supporting basic and applied scientific research in the mathematical, physical, environmental, biological, social, behavioral and engineering sciences, and by encouraging and supporting improvements in science and engineering education. The Foundation does not support projects in clinical medicine, the arts and humanities, business areas or social work. The National Science Foundation does not conduct laboratory research or carry out education projects itself; rather, it provides support or assistance to grantees, typically associated with colleges and universities, who are the primary performers of the research.

The National Science Foundation is organized generally along disciplinary lines. None of its programs has a principal focus on aging-related research, although a substantial amount of research bearing various degrees of relationship to aging and the concerns of the elderly is supported across the broad spectrum of the Foundation's research programs. Virtually all of this work falls within the purviews of the Directorate for Biological, Behavioral, and Social Sciences and the Directorate for Engineering.

### DIRECTORATE FOR BIOLOGICAL, BEHAVIORAL, AND SOCIAL SCIENCES

The research projects supported by this directorate are designed to strengthen scientific understanding of biological and social phenomena. Research is supported across a spectrum ranging from the fundamental molecules of living organisms to the complex interaction of human beings and societal organizations. These projects are supported by six research divisions covering approximately 26 research programs. Virtually all the Directorate's current research relevant to aging is being supported by its Divisions of Behavioral and Neural Sciences, and Social and Economic Science.

#### *Division of Behavioral and Neural Sciences*

This division supports research which is aimed at understanding the behavior of human beings and animals. To achieve this end, it uses the molecular, developmental, and cultural approaches while concentrating on model systems, behaving organisms and cultures. In the past year, two studies directly related to aging have been supported. One project looks at the maintenance of knowledge during the human life span. It will followup on earlier findings that unrehearsed knowledge lasts either for less than 5 years or for more than 30 years. Another study uses an animal model to investigate age-related learning and memory deficits, seeking to identify specific brain areas involved in such deficits.

#### *Division of Social and Economic Science*

This division focuses primarily on expanding fundamental knowledge of how social and economic systems work. Attention is centered on organizations and institutions, and how they function and change, and how human interaction and decision-making take place. The Division supports the collection of large sets of data, such as national surveys, that might be used by many investigators, as well as the research projects of individual scientists. Most of the work supported by this division has indirect, rather than direct, relevance to aging and the concerns of the elderly. For example, the Panel Study of Income Dynamics provides information on changing household composition, labor force participation, income, assets and consumption patterns as individual respondents grow older. The General Social Survey contains several attitudinal questions relevant to the aged, such as the optimal age of retirement and government's role in the care of the elderly. This survey also permits the assessment—by age and by cohort—of shifts over time in opinions generally. The final survey supported by this division is the National Election Survey, which provides information on attitudes regarding candidates and issues held by different age groups in the population at large. Two projects of individual investigators funded by the division during the past year also related to aging. One study examines work histories of a cohort of children born in Great Britain in March 1958. Information about these individuals is being obtained periodically, from schooling through adult work experience. A second study will refine population estimates of US regions and states and develop means of forecasting regional population change, with age as a significant variable.

### DIRECTORATE FOR ENGINEERING

The National Science Foundation's Directorate for Engineering seeks to strengthen engineering research in the United States and, as appropriate, focuses some of that research on areas relevant to national goals. This is done by supporting projects across the entire range of engineering disciplines and by identifying and supporting special areas where results are expected to have timely and topical applications.

Most aging-related research supported by this directorate is through its Bioengineering and Research to Aid Persons with Disabilities Program, in the Division of Emerging Engineering Technologies. Most of this work is indirectly related to issues of aging and the elderly—its relevance derives from the increased propensity for the elderly to develop physical disabilities. Examples of projects currently funded by this program include studies of: bone degeneration and restoration; speech recognition and hearing as applied to a deaf/hearing telephone system; neurophysiological control of artificial limbs; neural regeneration in the vertebrate central nervous system; biomechanics of diarthrodial joints, and use of electromagnetic radiation to produce localized heating to destroy malignant tissue. While not specifically directed toward problems of aging, these studies have potential for dealing with conditions prevalent in old age.

## ITEM 26. OFFICE OF CONSUMER AFFAIRS

December 9, 1988.

Dear Senator Melcher: In response to your request, I have enclosed the "Report of Activities of the United States Office of Consumer Affairs During 1988 Relating to Older Americans."

My office is pleased to have the opportunity to contribute to the Committee's Annual Report on Aging. If you have questions, please call Juanita Yates at 634-4297.

Sincerely,

Virginia H. Knauer,
*Special Advisory to the President for Consumer Affairs and Director,*
*United States Office of Consumer Affairs.*

Enclosure.

### Report of Activities of the United States Office of Consumer Affairs During 1988 Relating to Older Americans

The Director of the United States Office of Consumer Affairs (OCA) is Virginia H. Knauer, who is also Special Adviser to the President for Consumer Affairs. The President has also designated Mrs. Knauer as the Chairperson of the Consumer Affairs Council, established by Executive Order 12160. Mrs. Knauer directs consumer affairs activities at the Federal level. OCA provides the staff and administrative support to carry out these responsibilities.

OCA encourages and assists in the development and implementation of programs dealing with consumer issues and concerns; advises agencies with business and industry officials by encouraging the development of voluntary employment, consumer protection and information programs; serves as the focal point for the coordination and standardization of Federal complaint handling efforts; works to improve and coordinate consumer education at the local, State and Federal levels; and cooperates with States and local government agencies, and voluntary consumer and community organizations in the delivery of consumer services and information materials.

The major activities focus on voluntary mechanisms, marketplace innovations, consumer education and information, and conferences to exchange information and develop dialogs. OCA activities also focus on helping State and local government units and consumer and community groups to deal with issues affecting consumers.

Highlighted below are major activities having the greatest impact on older Americans.

### OUTREACH

OCA released two video news features to 1,000 television stations. The first highlighted the debate between generic and manufacturers' auto crash parts and the impact on consumers. The second highlighted a new booklet produced by the American Bar Association in conjunction with OCA and TRW Information Services entitled, "Your Legal Guide to Consumer Credit." There is a special section on bankruptcy. OCA also prepared and distributed to 1,000 radio stations on "Your Legal Guide to Consumer Credit." The auto crash parts release may have social significance to older consumers who may feel a particular loyalty to a manufacturer and may not trust the use of generic parts. The "Credit Guide" discusses wise handling of credit and credit discrimination, both important issues to older consumers.

OCA organized a working group to address the new "Televending" industry and the consumer problems which have developed because of it. Working Group members include the Federal Trade Commission, Better Business Bureau, the American Association of Retired Persons and the Direct Marketing Association. The industry sells 24 hours a day on television home shopping programs and reaches those who are home and spend a lot of time watching television, many of whom are elderly. The Working Group initiated a study to survey the national complaint data. Based on the data received, the group developed a booklet which gives consumer information on the most frequent complaints. A directory of company contacts and state and local government complaint handlers was also developed.

### *Meetings and Conferences*

The OCA Director and staff met with representatives of aging constituency organizations to underscore the Administration's concern for the elderly and seek their support and views on policies which impact on the elderly.

As a result of OCA's efforts to address the problem of fraudulent advertising appearing in the media, the American Newspaper Publishers Association's (ANPA) Credit Bureau hosted two Fraud Advertising Seminars, one on January 14, in Washington and the second in Chicago on November 17. The seminars were designed to teach advertising personnel skills they need to more easily recognize fraudulent advertising. Since fraud against the elderly is a serious problem, OCA organized the Working Group to address this issue which included the Federal Trade Commission, Commodity Futures Trading Commission, Better Business Bureau, National Association of Consumer Agency Administrators and National Association of Attorneys General. OCA also prepared a manual for newspaper advertising acceptance personnel to use as a resource in screening ads. Areas of fraud covered included health fraud, financial fraud and travel fraud, all schemes often aimed at the elderly. Additionally, on November 10, OCA organized a Washington meeting for the Society of Consumer Affairs Professionals in Business to address the same subject.

The OCA Director served as Chairperson of the Call For Action Annual Conference which was held in April. Call For Action is a cooperative program between radio stations and Call For Action volunteers to solicit and assist in resolving consumer complaints in cities throughout the country. Many of the issues addressed are of interest to elderly consumers.

On April 6, the OCA Director participated in a press conference with the National Funeral Directors Association (NFDA) to announce an improved complaint handling and arbitration service for many consumers with disputes about funeral services. At Mrs. Knauer's urging, all members of NFDA agreed to enter into arbitration if a consumer complainant so wished. Also at her urging, the industry created an "insurance fund" to make certain that, when a consumer won, the dispute would be paid by NFDA if the funeral director in fault refused. Currently, NFDA is considering USOCA proposals to simplify and broaden its complaint handling services.

OCA's Associate Director for Special Concerns participated in the National Council on the Aging Conference which was held April 13-16 in Washington. Copies of our *Consumer's Resource Handbook* were distributed to the 3,000 attendees.

The OCA Director discussed issues of importance to older consumers at workshops sponsored by the District of Columbia Office on Aging. In April, she also spoke at an Intergenerational Symposium on Aging which was held at Adas Israel Synagogue in Washington.

OCA's Associate Director for Special Concerns participated in the American Association of Retired Persons' Biennial Convention which was held May 10-12 in Detroit. Consumer issues were addressed at many of the workshops. Speakers included Ralph Nader, Herb Denenberg, Jane Bryant Quinn, and Louis Rukeyser.

OCA, in cooperation with the Direct Marketing Association, held Consumer Industry Dialogues in Tallahassee, Florida on May 25 and in Boston on November 10. The purpose of the sessions was to discuss the problems of purchasing goods and services through the mail. Participants included representatives of the catalog, list selling, sweepstakes, telemarketing and television marketing divisions of the mail order industry. Also attending were postal inspectors, officials of Federal, state and local consumer protection offices and representatives of Better Business Bureaus. Older individuals who are ill or have limited mobility, are particularly receptive to direct marketing solicitation. The session focused on the problems of the elderly since they are most often the victims of fraud.

OCA's Associate Director for Special Concerns conducted a workshop at the June 22–25 National Caucus and Center on Black Aged Conference which was held in Flint, Michigan. The workshop title was "Be Assertive . . . Demand Your Rights." Copies of our *Consumer's Resource Handbook* were distributed to attendees.

OCA's Associate Director for Special Concerns coordinated and presided at a special July 14 luncheon seminar on "Issues For Disabled Consumers: Access and Employment." The seminar was cosponsored by OCA, the President's Committee on Employment of People with Disabilities and the Society of Consumer Affairs Professionals in Business. The seminar was designed to raise the consciousness and increase the sensitivity of consumer affairs professionals to the needs, concerns and abilities of the disabled. The speakers were Harold Russell, Chairman of the President's Committee on the Employment of People With Disabilities and Sally Follmer of the National Captioning Institute. As the elderly live longer, many more are becoming physically and mentally disabled.

OCA's Associate Director for Special Concerns participated in the July 26–28 National Association of Area Agencies on Aging Conference in New Orleans.

At the request of Congressman Edolphus Towns, OCA provided publications for the September 9th Senior Forum in New York. In addition to our *Consumer's Resource Handbook,* the other publications included *A Consumers Guide to Home Equity Loans, Special Report on Hypethermia and Heat Stress,* and *Your Legal Guide to Consumer Credit.*

OCA's Associate Director for Special Concerns participated in the consumer workshop at the September 26–28 National Association of Community Action Agencies Conference in Dallas. The community action agencies provide services to low income and elderly citizens.

### *Energy*

In January, OCA Director addressed the Hypothermia Jamboree held in Chicago. The Jamboree was the kick-off event for a series of hypothermia prevention activities designed to benefit elderly citizens. The Jamboree was also the kick-off for 1988 hypothermia training, education, and prevention programs nationwide.

In February, the OCA Director was the keynote speaker for the Media and Energy Conference at the University of Florida in Gainsville. Mrs. Knauer's remarks were designed to teach young journalists how to cover energy issues in human terms; issues like hypothermia and heat stress.

In October, OCA reprinted the OCA Director's *Special Report on Hypothermia and Heat Stress.* The report offers useful information on how to identify the causes and symptoms of these weather-related conditions that often threaten the lives of the elderly. This is the fourth printing since the *Report* was published in 1982. It is distributed free by the Consumer Information Center in Pueblo, Colorado.

### *National Energy Awareness Month*

OCA's Associate Director for Special Concerns represented OCA on the Department of Energy's Energy Awareness Month Steering Committee. The Commitee offered advice and participated in the planning of national energy-related programs which were held in October.

OCA's *Special Report on Hypothermia and Heat Stress* was included in a special DOE mailing of energy-related publications. As a result, OCA received requests for bulk copies of the *Report* from senior citizen and other organizations planning conferences, seminars, and workshops during October in North Carolina, Ohio, New York, Massachusetts, and Florida.

OCA's Associate Director for Special Concerns coordinated a special luncheon seminar sponsored by the National Energy and Aging Consortium as part of the Energy Awareness Month celebration. The speaker for the October 13 seminar was Kathrina Smith Sloan of the American Association of Retired Persons, who discussed "Housing Options for Older Adults: Implications for the Energy Industry." The seminar was the only national activity which focused on the elderly.

## INFORMATION AND EDUCATION

*Consumer News,* OCA's, monthly newsletter, covered numerous issues of interest to older Americans, including National Consumers Week, the Food and Drug Administration education program on salmonella and egg handling, the Food and Drug Administration approval of the hair-growth drug, minioxidil, the Federal Trade

Commission review of the funeral rule, the Federal Reserve Board's check-hold regulations, the Federal Trade Commission grocery rule, energy-efficiency labeling of household appliances, travel scams and new auto and airline safety requirements.

In January, OCA mailed copies of the *Consumer's Resource Handbook* and *Special Report on Hypothermia and Heat Stress* to aging program directors throughout the country.

In January, OCA mailed the *Consumer's Resource Handbook* to the 160 Regional Libraries for the Blind and Physically Handicapped. The OCA Director urged the librarians to provide their disabled clients with the generic consumer information outlined in the *Handbook*. Also at OCA's urging, In Touch Network has aired consumer information for its 300,000 listeners. In Touch Network is a nationwide reading service for the blind and physically handicapped. To ensure that the *Handbook* is accessible to the blind, OCA offers a computer file copy on floppy disks for loan.

In March, the OCA Director wrote and article which appeared in the Director Selling Education Foundation's newsletter entitled, "At Home With Consumers." The article discussed why newspapers should prevent fraudulent ads from appearing to protect elderly and other consumers from falling victim to the ads.

In April, the OCA Director was interviewed by the American Banker newspaper on what consumers, particularly older consumers, want from the banking industry in the coming years.

The OCA Director offered general shopping tips for elderly consumers on public service announcements for the Spanish Television Network.

In May, OCA mailed the credit and bankruptcy booklet to consumer reporters and senior publishers nationwide. The booklet was announced during National Consumers Week. It is a practical guide to consumer credit, and lists alternatives for consumers deeply in debt. It is part of the American Bar Association's "You and the Law" series.

### *Education*

In April, OCA worked with the Department of Agriculture Extension Service to transfer its publications to a national database. The database will provide up-to-date consumer information for professional reference and clientele use in Extension Service programs conducted in all 3,100 U.S. counties. The elderly are a major component of these programs. Future spin offs from this initial effort could lead to inclusion of OCA generated information on interactive video which elderly consumers could access at shopping mall kiosks.

In September, OCA provided testimony to the Advisory Committee on State Cooperation of the Commodity Futures Training Commission which recommended that the CFTC work with schools in the area of commodity/investment fraud. OCA pointed out that working with the schools could be an important extension of the adult education effort by getting the messages into the homes of "hard to reach" parents and grandparents through the students.

As part of OCA's joint effort with the American Association of Community and Junior Colleges (AACJC), a national study of community colleges courses/programs in consumer education was completed and an executive summary of results released. The study was conducted for AACJC by researchers from Henry Ford Community College and the University of Michigan. At a press conference in Washington on November 2, AACJC responded to study recommendations by announcing plans for a mini-grant program to assist two-year colleges in developing and expanding consumer programs through partnerships with business and community groups. OCA will continue to provide leadership to AACJC in the planning and implementation of the project. An important audience of this outreach will be the elderly whose needs can be uniquely served by community college programs.

### *National Consumers Week*

OCA coordinated National Consumers Week which was held April 24–30. Of the more than 600 events which were held throughout the country, many of the activities addressed issues of interest to the elderly. For example:

> Kellogg Company announced the unveiling of its Project Nutrition which offered tips on cholesterol reduction. It was sponsored in conjunction with the NCW Consumer Headlines Radio Series which aired on 350 radio stations.
>
> The Veterans Administration in Montgomery, Alabama, sponsored an open house for retirees featuring a briefing on modernization techniques and a reception. The Veterans Administration also organized an NCW seminar for the state's Congressonal Staff, and participated in a health fair.

The Connecticut Department of Consumer Protection published and released, "Filling in the Gaps: Health Insurance for People with Medicare." The Office of the Attorney General in Effingham County, Illinois, invited senior citizens and other interested citizens to a meeting on "Consumer Fraud and Basic Precautions."

The Internal Revenue Service congratulated members of Tax Counseling for the Elderly Program for their dedicated service to the community in filing more than 15,000 income tax returns for persons who needed special assistance.

The Massachusetts Office of Consumer Affairs and Business Regulation and Executive Office of Elder Affairs developed and disseminated "Senior Smarts" packets of consumer information to elderly consumers throughout the state.

New Jersey Natural Gas Company in Wall, New Jersey, held its second annual consumer program with representatives from state and local service organizations which provided information on hearing and speech impaired, low income, and elderly consumers. Rochester Gas & Electric Corporation offered a new brochure entitled, "It's For You." The brochure provides basic customer information such as billing options and services for the elderly. First State Bank in Keene, Texas, sponsored a defensive driving workshop for elder citizens.

## INTRAGOVERNMENTAL ACTIVITIES

### *International*

The OCA Director headed the May and October United States delegations to the Organization for Economic Cooperation and Development's Committee on Consumer Policy. This Committee addresses a variety of subjects of interest to all consumers, including the elderly. Through this Committee, representatives of the 24-member countries of the OECD have issued reports on several topics of interest to elderly consumers, including insurance, electronic funds transfer, and product safety standards. Some of the subjects currently being discussed by the Committee are deregulation of financial services, the agricultural policies in member-countries, and the product liability systems in member-countries. All these topics are being reviewed from a broad consumer perspective and the concerns of the elderly will be incorporated in the United States comments.

### *Committees*

OCA was represented on the following committees which have a special impact on the elderly:

> The National Energy and Aging Consortium is a network of 50 government, aging and private sector organizations which have joined together to help the elderly cope with rising energy costs.
>
> The Information and Referral Roundtable on Aging is a network of government, aging and private sector organizations which provide information about and develop programs which strengthen information and referral systems throughout the country.

### *Executive Order*

The OCA Director is designated by the President to be the Chairperson of the Consumer Affairs Council, established by Executive Order 12160. Executive Order 12160—the Consumer's Executive Order—is a directive to Federal agencies to institute consumer programs which are effective and responsive to the needs of consumers. This action is a logical progression from the Consumer Representation Plans of the 17 Executive Branch departments and agencies developed in 1976.

The Order addressed the problems of citizens in achieving adequate participation in government decisionmaking processes. For example, agencies are required to develop information materials to inform consumers about their procedures for participation. Elderly consumers have been identified as a constituent group which should be reached with information. Under the Order, agencies must ensure that groups such as the elderly are being reached.

In June, OCA sponsored a skill development workshop which focused on "Federal Consumer Hotlines" More than 50 Consumer Affairs Council members and other Federal officials attended the session which featured discussions about consumer hotlines at the Department of Agriculture and the Environmental Protection Agency. Both agencies hotlines are a direct result of recommendations from the OCA sponsored study, *Consumer Complaint Handling In America* and the *Undate.* The study recommeded that Federal agencies use cost-effective electronic alternatives to traditional consumer complaint and inquiry handling procedures. Our study found that electronic consumer response systems improve public awareness of agency missions as well as eliminated unnecessary and costly handling of misdirected communications. Current data shows that a large number of elderly consumers use hotlines to seek information and to report complaints.

## ITEM 27. PENSION BENEFIT GUARANTY CORPORATION

DECEMBER 15, 1988.

DEAR MR. CHAIRMAN: I am pleased to submit the enclosed report for your annual compilation of *Developments in Aging*. As you requested, our report reviews the Pension Benefit Guaranty Corporations's activities on behalf of older Americans during Fiscal Year 1988.

The Office of Management and Budget has advised that there is no objection to the transmittal of this report to the Congress from the standpoint of the Administration's program.

Thank you for giving us the opportunity to describe our actions and programs on behalf of the elderly.

Sincerely,

KATHLEEN P. UTGOFF,
*Executive Direcrtor.*

Enclosure,

### PBGC: MAKING THE PROMISE WORK

For nearly 40 million Americans, the Pension Benefit Guaranty Corporation (PBGC) provides assurance that their pension benefits are safe now and in the future.

As administrator of the Federal pension insurance system, PBGC protects the pensions of the majority of participants in the Nation's private sector defined benefit pension plans—those plans that promise to pay benefits in a definitely determinable amount often related to age, service, salary, or some combination of these factors.

One of PBCG's two insurance programs guarantees direct payment by PBGC of retirement benefits in the event of the termination of an underfunded single-employer plan; the other provides financial assistance to guarantee the payment of basic retirement benefits under multiemployer plans that become insolvent. The programs are funded separately, and the funds cannot be used interchangeably. Single-employer plans are both non-collectively-bargained plans and collectively-bargained plans involving only one company or related companies; multiemployer plans are collectively-bargained plans involving one or more unions and two or more unrelated companies.

In Fiscal Year 1988, PBGC concentrated on making the promise of a secure pension work by implementing recent landmark legislation; by diligently contesting efforts of some employers to misuse the Federal pension insurance system; and by initiating administrative changes to improve the agency's operations and its services to participants of pension plans trusteed by PBGC.

Following are some of the highlights of fiscal year 1988:

—PBGC's single-employer program covered approximately 31 million participants in more than 100,000 plans during fiscal year 1988; the multiemployer program covered about 8.3 million participants in some 2,300 plans.

—The single-employer program began its recovery to financial health following enactment of fundamental pension reforms raising the program's premium, tightening pension funding standards, and restricting the conditions under which underfunded plans may terminate. The reforms were estimated to have helped increase PBGC's premium revenues in fiscal year 1988 by about $197 million over fiscal year 1987.

—The multiemployer program currently is solvent and has accumulated a modest reserve. Its financial condition continued to improve during fiscal year 1988, with revenues again exceeding expenses.

—PBGC paid about $650 million in total benefits to approximately 172,000 participants, and is obligated to pay another 135,000 people (deferred vested participants) when they become eligible for benefit payments in the future. Nearly all of these people are participants in single-employer plans.

—During the fiscal year, PBGC became trustee of 104 terminated plans. This brought to about 1,470 the total number of plans either in or pending PBGC-trusteeship at the end of the year.

—As of the end of fiscal year 1988, PBGC had loaned $8.2 million (the net amount after reductions for repayment of previous loans) to six multiemployer plans. Of this amount, PBGC loaned $1.5 million during fiscal year 1988 to three plans (out of the 2,300 plans insured). The three plans that received assistance during the fiscal year had nearly 8,200 participants, approximately 6,700 of whom received benefit payments as a result of PBGC's financial assistance.

—A new plain-language publication for pension plan participants and retirees, and sponsors, "Your Pension," was published with the cooperation of the U.S. Department of Labor (DOL), Internal Revenue Service (IRS), and PBGC.

### STEMMING A FINANCIAL CRISIS

In recent years, PBGC's single-employer program has been threatened by a rising deficit caused, in large part, by the abusive actions of some large employers with poorly funded plans. Serious flaws in the premium structure added to the problem.

Although it is a Federal agency, PBGC receives no funding from general revenues. Its income in derived from the premiums paid by insured plans, amounts recovered from employers whose underfunded pension fund PBGC has trusteed, and investment income earned on its assets.

Under the original requirements of the Employee Retirement Income Security Act (ERISA), PBGC charged every insured plan the same premium rate, regardless of funding status or other characteristics. Consequently, responsible employers who properly funded their plans paid the same premium as employers who grossly underfunded their plans by millions of dollars. Additionally, the original premium structure consistently failed to provide enough revenues to cover the growing claims against the insurance program.

Increasing concern over these problems prompted a concerted effort by the Administration and Congress that led to enactment of the Pension Protection Act (PPA) in December 1987. PPA's fundamental reforms substantially improved both the funding standards for defined benefit pension plans and PBGC's premium structure for single-employer plans.

### MAKING THE LAW WORK

Implementing the new single-employer premium structure was a priority for PBGC in fiscal year 1988. PPA provided both a flat-rate premium to be paid by all plans—$16 per participant (formerly $8.50)—and a new variable charge up to a ceiling of $34 participant to be paid by underfunded plans. As a result, severely underfunded plans can now be assessed premiums of up to $50 per participant.

The new rates were effective for plan-years beginning on or after January 1, 1988, and because plan administrators needed immediate guidance for their 1988 premium payments, PBGC put into effect a two-step regulatory procedure.

First, it issued interim rules in June 1988 that offered both a general method and simpler alternatives for calculating the variable rate premium amount, and extended the deadline for paying 1988 premiums, PBGC recognized the need for special flexibility to prevent unreasonable administrative burdens and costs, especially for smaller plans.

Then, PBGC issued proposed rules for payments due in 1989 after making several more changes to further ease administrative burdens.

PBGC began realizing an immediate benefit of the reforms in increased premium revenue for fiscal year 1988, which is expected to climb to approximately $370 million in fiscal year 1989. PNGC projects that total additional annual premium revenues will exceed $400 million during the next decade.

The increased fiscal year 1988 premium revenue already has improved the single-employer program's cash-flow. The single-employer program no longer faces a net negative outflow of cash as it did prior to PPA when its annual benefit payments, alone, exceeded PNGC's total premium receipts.

Unpredictable catastrophic claims and economic downturns could still threaten the agency's financial stability, but at present the pension insurance system is much more stable and equitable than before. The long-term deficit, in the absence of any catastrophic claims, will ease over time. PNGC's current deficit ranges between $2 billion and $3 billion, depending on the resolution of the agency's major litigation over LTV pension plans.

PPA strenghened the funding rules for pension plans. Under the new law, employers whose plans are the most poorly funded will have to fund their liabilities more quickly, and all employers will make periodic contributions quarterly rather than annually, and provide collateral for missed contributions. In addition, the new law increased employers' liability for unfunded benefits in the event of plan termination, and further restricted the circumstances under which employers may terminate underfunded plans. By these changes, PPA provides greater security for promised benefits.

Shortly after enactment of PPA, PBGC began working with the other Federal agencies involved in administering ERISA to develop rules and procedures required by the reform legislation.

### TERMINATIONS

Starting a pension plan is a voluntary action by an employer but Federal pension law—ERISA—sets restrictions on the voluntary termination of such plans. When a plan terminates, ERISA's provisions protect the benefits of the plan participants. In standard terminations, which are entirely voluntary, the participants in plans terminating after PPA will receive all of the benefits due them up to the date their plan terminates. In distress terminations, which may be voluntary or involuntary, but which are permitted only in the event of severe business difficulties, PBGC will guarantee the payment of most, and in many cases all, of the benefits participants are entitled to receive from their plan.

PBGC received about 10,800 notices of single-employer plan terminations in fiscal year 1988, about the same level as the previous year, bringing to about 95,000 the total number of notices it has received since the enactment of ERISA in 1974. Historically, the vast majority of terminating plans have been adequately funded to meet their benefit obligations; this continued to be true during this past fiscal year.

Although final data is not yet available, plan terminations involving reversions of surplus assets to employers appear to have again declined in fiscal year 1988. Between January 1, 1988, and October 31, 1988, PBGC received 220 standard termination filings with reversions of $1 million or more each. This compares with 223 such filings for the corresponding period in calendar 1987.

Only 4 percent of the 28,000 plans terminated from 1985 through 1987 involved reversions in excess of $1 million. It is estimated that this percentage will decrease for plans terminated in 1988.

Distress terminations and PBGC trusteeship of underfunded plans continued at roughly the same pace as in fiscal year 1987.

Prior to the pension reforms enacted in 1986 and 1987, employers could voluntarily terminate underfunded plans whenever they chose; now they can do so only when their business hardship is so severe that there is no other alternative but to terminate the plan or go out of business.

In all but one of the distress terminations in fiscal year 1988, the employer had gone out of business or would have done so had the plan not been terminated. PBGC saved the participants' benefits that otherwise would have been lost in the absence of pension insurance.

### ORGANIZING FOR BETTER SERVICE

Because its Office of the General Counsel has become critically important both in combatting abusive actions by some companies and in obtaining the best possible recoveries in bankruptcy cases, PBGC increased and reorganized its legal staff during the year in recognition of substantially increased workloads in that area.

PBGC also obtained authorization to hire the additional personnel necessary to considerably upgrade its participant services.

In addition, the agency concluded that its communications and other services to participants in PBGC-trusteed plans could be improved to ease participants' concerns about their benefits and help them better understand the PBGC's guarantees. By the end of the year, PBGC had begun planning and developing a coordinated and wide-ranging series of actions, including greater use of computerization, that will improve its ability to determine and pay guaranteed benefits.

### CONTINUING VIGILANCE

Although most employers responsibily fund and administer their plans, a few have attempted to evade their legal responsibilities by dumping their unfunded pension plans on PBGC. During Fiscal Year 1988, PBGC continued its vigorous enforcement of the law to prevent such abuse and to recover as much as possible of its losses. Some examples follow:

—At the end of the year, PBGC had 128 cases in litigation and was handling an additional 556 uncontested bankruptcy cases.

—PBGC won a notable—and precedent-setting—victory in litigation against Navistar International (formerly known as the International Harvester Company). Shortly after the end of the fiscal year, a Federal judge ruled that Navistar sold a failing division to escape unfunded pension liabilities, that the buyer lacked a reasonable chance of meeting those obligations, and therefore that Navister was liable to PBGC for the unfunded pension benefits. This ruling sent a clear warning that neither the courts nor PBGC will tolerate abusive tactics. PBGC's victory was the result of eight years of legal efforts and underlined PBGC's determination to steadfastly pursue such cases no matter how difficult or lengthy the task.

—One other highly publicized case concerned LTV and its subsidiary, LTV Steel Company. PBGC terminated and trusteed four major LTV Steel Plans in Fiscal Year 1987, aftrer LTV filed for Chapter 11 bankruptcy. However, LTV's subsequent improper attempts to replace benefits lost upon termination of its plans, and its improved financial condition, prompted PBGC to restore three of the terminated plans at the end of Fiscal Year 1987.

LTV contested PBGC's action in court and, in June 1988, the U.S. District Court for the Southern District of New York ruled that PBGC has the authority to restore plans to bankrupt companies. However, the Court reversed PBGC's restoration of the three LTV plans after determining that replacement plans such as LTV's are not barred by law and that PBGC needed additional factfinding to establish that LTV could afford to fund the plans.

Shortly after the fiscal year ended, PBGC appealed the ruling, alleging that the Court had erred in finding that LTV's replacement plans do not violate the pension insurance program and may not be used as a basis for restoration. PBGC also contended that its procedures in reaching the decision to restore the plans were appropriate and fully compatible with the applicable law.

—During the year, PBGC also successfully opposed LTV's attempt to force the termination of one of its small underfunded pension plans. Although LTV had failed to contribute to its Continental Emsco Evansville (Indiana) pension plan since 1985 while selectively contributing to other plans, the company needed to contribute only $110,000 a month to the plan to permit continued payments to its retirees and prevent any benefit losses.

PBGC argued that the small amount involved could not burden LTV or threaten its ability to reorganize in bankruptcy, considering its greatly improved financial condition. The Bankruptcy Court ultimately agreed with PBGC's position and ordered LTV to fund Emsco and avoid plan termination. PBGC's firm action helped assure the 300 participants of this plan that their benefits are, and will remain, safe.

### CONFIDENCE IN THE FUTURE

In sum, significant advances were made by PBGC and the Federal pension insurance program during Fiscal Year 1988.

Some problems remain, in part due to the uncertain status of the contested LTV plans.

Nevertheless, Fiscal Year 1988's pension reforms have provided greater security for the pension insurance system and the benefits it protects. Employers, workers, and retirees may continue to rely on defined benefit plans with confidence that the benefits promised will be paid and that pension insurance will protect those benefits.

## ITEM 28. POSTAL SERVICE

DECEMBER 2, 1988.

DEAR MR. CHAIRMAN: This is in response to your September 21 letter to Postmaster General Anthony M. Frank, requesting the Postal Service's annual report on activities and programs directed at assisting elderly Americans.

The enclosed narrative outlines activities sponsored by the Postal Service which are designed to meet the mailing needs of older Americans and to prevent them from being victimized by fraudulent schemes through the use of the mail system.

The Postal Service is pleased to participate in this effort and will continue to work on the development of programs to aid in improving the quality of life for older Americans.

Sincerely,

WILLIAM T. JOHNSTONE.

Enclosure.

## PROGRAMS AFFECTING OLDER AMERICANS

### CARRIER ALERT PROGRAM

Carrier Alert is a voluntary community service provided by city and rural delivery letter carriers who watch participants' mailboxes for mail accumulations that might signal illness or injury. Accumulations of mail are reported by carriers to their supervisors who then notify a sponsoring agency, through locally developed procedures, for follow-up action. The program completed its sixth year of operation in 1988 and continues to provide a lifeline to thousands of elderly citizens who live alone.

### CONSUMER PROTECTION WEEK/NATIONAL CONSUMERS WEEK

The Postal Service has sponsored an annual Consumer Protection Week since 1977. Beginning in 1980 a Consumers' Protection Week has been scheduled to coincide with National Consumers' Week. Promotion and publicity kits containing materials for speeches, news releases and public service announcements are prepared and distributed to postmasters to warn consumers about mail fraud and misrepresentation of products and services sold by mail. Additional information about proper addressing of mail, packaging parcels correctly, temporary address changes, sending valuables through the mail, and how to report service problems are also beneficial to senior citizens and are included in the kit. During Consumer Protection Week in Fiscal Year 1988, postmasters conducted "Consumer Fairs" where postal customers consulted the Postal Inspectors and other Postal Service officials about questionable offers. As medical fraud and work-at-home schemes have traditionally ranked at the top of fraudulent promotions, the focus of material distributed has frequently been directed toward alerting senior citizens of such schemes.

### DELIVERY SERVICE POLICY

The Postal Service has a long-standing policy of granting case-by-case exceptions to delivery regulations based upon hardship or special need. This policy is used to accommodate the special needs of elderly, handicapped, or infirm customers who are unable to obtain mail from a receptacle located away from their home. Information on hardship exceptions to delivery receptacles can be obtained from the local postmaster.

### FEDERAL ACCESSIBILITY STANDARDS

The Postal Service has made all newly constructed facilities accessible to physically disabled persons since 1969. In the last decade, over 3,600 new postal service buildings have been completed providing ready access to handicapped customers. In Fiscal Year 1988, the Postal Service completed approximately 535 new postal customer service buildings, all accessible to handicapped customers. In April 1986, the Postal Service adopted interim standards for making buildings leased by the Postal Service after January 1, 1977, accessible to physically handicapped persons. We are continuing to review and renovate leased postal facilities covered by these standards as appropriate. The Postal Service makes older buildings accessible when there is a demonstrated need.

### MAIL FRAUD AND MAIL THEFT INVESTIGATIONS

To many elderly Americans living alone and on fixed incomes, shopping by mail is a convenient way for them to obtain products and services. Unfortunately, they are also attractive targets for a few individuals who operate mail-order swindles. Through mail fraud and misrepresentations of products and services, unscrupulous promoters not only cheat the public but also damage the reputation of the legitimate mail-order industry.

There are several types of fraudulent promotions which, by their nature, tend to focus on the elderly population. One of the most widespread is the work-at-home scheme. A senior citizen living on a fixed income and seeking to supplement his or her income, may be enticed by an advertisement which promises enormous earnings while working from the convenience of the home. The scheme begins with the promoter requiring an initial fee, typically from $5 to $25, before information about the plan is supplied. The fraud continues as a pyramid operation, whereby the consumer involves others in the scheme, resulting in funds being generated to the promoter and not the respondents.

Individuals approaching retirement or those already retired sometimes respond to what appear to be attractive land sales deals. The promise of a warmer climate, low down payment and easy monthly installments appears enticing until the purchaser discovers that the parcel of land is located in a desert wasteland and cannot be resold for even a fraction of the price paid.

Another fraud perpetrated against our elderly customers is the mail-order sale of worthless pills, nostrums, and devices which promise to rid the aged of needless suffering. Probably the cruelest of these frauds are those that offer hope for cure of cancer, diabetes, and other major illnesses.

The ailments and afflictions that are a part of aging will leave the buyer looking for a magical cure to alleviate arthritic pain, restore lost vigor, and improve impaired sight or hearing. These pills and devices often have not been tested by medical authorities, are not capable of curing, and could even be injurious to one's health.

In an effort to heighten public awareness of mail fraud and other postal-related crimes, the Postal Inspection Service maintains a cadre of Postal Inspectors across the country trained as Crime Prevention specialists. Working with Federal and State agencies and consumer groups, one of their missions is to educate and inform the public. Each year they appear on hundreds of televisions and radio interview programs and prepare articles for numerous newspapers and magazines. They give presentations at health fairs, community action groups and several national prevention conferences emphasizing the need for consumer action as well as awareness in fighting crime. They respond to special requests, often from senior citizens, regarding specific problem areas.

For the past 6 years the Postal Inspection Service has issued a series of Public Service announcements alerting the public to fraud schemes operating through the mails. The 1988 Public Service Announcements centered on "boiler room" sales of vacation travel. Consumers of all ages fell victim to this scheme with the majority being seniors who have more opportunity to travel and are more trusting of this type of fraud. The Public Service Announcement was sent to every radio and television station in the country resulting in millions of dollars of free educational advertising.

Since 1986, the Postal Inspection Service has participated in the National Health Care Anti-Fraud Association Seminars and have worked with this association in combating health care frauds, many of which victimize senior citizens. The Postal Inspection Service has participated in conventions sponsored by the National Council on Aging. At display booths, the Postal Inspection Service highlights various types of fraud schemes which target the elderly. Representatives of the Postal Inspection Service also participate in workshops which furnish information concerning a variety of fraud schemes.

Despite the existence of such preventive efforts, the number and variety of mail fraud schemes ensure that many people will continue to be victimized by mail fraud promotions. In dealing with this, the Postal Service uses a two-pronged attack. Criminal prosecution is possible under the Mail Fraud Statute, 18 U.S.C. Section 1341, which provides penalties of up to 5 years in prison and a $1,000 fine for those who use or cause the mails to be used to further a fraudulent scheme. Second, and perhaps more importantly for the consumer, the Postal Service can take action under the False Representations Statute, 39 U.S.C. Section 3005. This statute permits the Postal Service, following a full due process hearing before an administrative law judge, to return to the sender all mail addressed to a promotion whose advertisements soliciting remittances by mail are proven to contain false representations. In addition, the Postal Service may request the U.S. District Court in the area where the promotion receives its mails to issue a temporary restraining order to stop the delivery of mail to that promotion until the administrative law judge renders a decision.

In 1987, the Postal Inspection Service established lines of communication with all state agencies for the aged and state insurance commissioners. Assistance was and still is offered to these agencies in combating fraudulent schemes in which the mails are used to victimize elderly consumers. In 1988, the Postal Inspection Service continued to work closely with the Senate and House Committees on Aging on their deceptive mailings bills.

Another crime which strikes the elderly population hard is mail theft. Many poor and elderly Americans depend on the receipt of a monthly check in the mail as their sole income. These individuals suffer greatly when their checks do not arrive as scheduled. Each year the Postal Service delivers hundreds of millions of Treasury, State, and local benefit checks. Although the number of stolen in relation to the number mailed is minute, the Postal Inspection Service considers this a significant problem and recognizes the impact this crime has on the victim, particularly on elderly persons who are dependent upon the checks for subsistence. The Postal

Service also delivers millions of personal and commercial checks and other valuable items such as savings bonds, money orders, credit cards, and food stamps, all of which are appealing targets for mail thieves.

Two slide presentations, entitled *Protecting Your Mail and Fraud By Mail*, have been developed and are being shown to the public by Crime Prevention Specialists. A Postal Service booklet, *A Consumer's Guide to Postal Crime Prevention*, has been updated to include new information. It furnishes tips to consumers on how to avoid being victimized by a variety of fraudulent schemes and mail theft. This booklet also includes the addresses of Postal Inspection Service Divisions throughout the country.

A series of investigative programs to combat the problem of mail theft is also in place. Postal Inspectors cooperate with the U.S. Secret Service and local police investigating the forgery of checks believed to have been stolen from the mail. They also work with officials of check issuing agencies to improve procedures for the prompt charge-back of checks and referral of information whenever theft from the mail is suspected. The Postal Service has encouraged the development of better photo and signature identification cards and has enlisted the cooperation of public housing authorities to install and maintain more secure mail receptacles and mailrooms.

### STAMPS BY MAIL

Stamps by Mail (SBM) is one of the Easy Stamp Services that allows postal customers to purchase products through the mail such as booklets, sheets, and coils of stamps; postal cards; stamped envelopes; and philatelic items.

The SBM program benefits a wide variety of people and is particularly beneficial to elderly or shut-in customers who cannot travel to the post office.

A customer need only complete Form 3227 (an envelope order form), enclose a personal check or money order for the amount of postage, and either drop it in a collection box or give it to a carrier. No postage is necessary and no fee is charged for this service. The stamps normally are delivered within 3 days to the customer's mailbox. Forms may be obtained from letter carriers or by calling the local delivery unit and requesting that the form be delivered to the residence.

In fall 1988, post offices throughout the country were encouraged to actively promote the SBM program prior to the holiday season. Approximately 260 locations requested large quantities of envelopes for distribution to residential and business addresses. This will be an ongoing process that occurs two to three times yearly.

In Fiscal Year 1987, we began testing Stamps by Phone. Customers order stamps using their MasterCard or VISA credit card. The minimum order for this service is $12.50 with a $2.00 handling charge. There is a centralized fulfillment center in Kansas City, Missouri, and customers call 1-800-STAMP-24 (24 hours a day) to place their order any day of the year. The stamps will be delivered in 5 days or less. In January 1989, results of these tests will be evaluated to decide whether Stamps by Phone should be offered to our customers as a nationwide service.

## ITEM 29. RAILROAD RETIREMENT BOARD

DECEMBER 14, 1988.

DEAR MR. CHAIRMAN: In response to your letter of September 21, 1988, we are enclosing a report summarizing the U.S. Railroad Retirement Board's program activities for the elderly during fiscal year 1988.

We look forward to your committee's report on "Developments in Aging: 1988."

Sincerely,

BEATRICE EZERSKI,
*Secretary to the Board.*

Enclosure.

### U.S. RAILROAD RETIREMENT BOARD

The U.S. Railroad Retirement Board is an independent agency in the executive branch of the Federal Government, administering comprehensive retirement-survivor and unemployment-sickness benefit programs for the Nation's railroad workers and their families under the Railroad Retirement and Railroad Unemployment Insurance Acts. The Board also has administrative responsibilities under the Social Security Act for certain benefit payments and railroad workers' Medicare coverage.

Under the Railroad Retirement Act, the Board pays retirement and disability annuities to railroad workers with at least 10 years of service. Annuities based on age are payable at age 62, or at age 60 for employees with 30 years' service. Disability annuities are payable before retirement age on the basis of total or occupational disability. Annuities are also payable by the Board to spouses and divorced spouses of retired workers and to widow(er)s, divorce or remarried widow(er)s, children, and parents of deceased railroad workers. Qualified railroad retirement beneficiaries are covered by Medicare in the same way as Social Security beneficiaries.

Under the Railroad Unemployment Insurance Act, the Board pays unemployment benefits to railroad workers who are unemployed but ready, willing, and able to work and sickness benefits to railroad workers who are unable to work because of illness or injury.

### BENEFITS AND BENEFICIARIES

During fiscal year 1988, benefit payments under the railroad retirement and railroad unemployment insurance programs totaled nearly $6.8 billion. Retirement and survivor benefit payments amounted to $6.7 billion, and unemployment and sickness benefit payments totaled $94 million.

The number of beneficiaries on the retirement-survivor rolls on September 30, 1988, totaled 915,000. The majority (83 percent) were age 65 or older. At the end of the fiscal year, 408,000 retired employees were being paid a regular annuity averaging $806 a month. In addition, 200,000 of these employees were being paid a supplemental railroad retirement annuity averaging $47 a month. Some 220,000 spouses and divorced spouses of retired employees were receiving an average annuity of $342 a month at the end of fiscal year 1988. Of the 297,000 survivors on the rolls, 259,000 were aged widow(er)s receiving an average annuity of $499 a month. Approximately 10,000 retired employees were also receiving spouse or survivor benefits based on their spouses' railroad service. The annuities of approximately 260,000 of the 915,000 beneficiaries included vested dual benefits. These benefits preserve equities of annuitants insured for both railroad retirement and Social Security benefits prior to the Railroad Retirement Act of 1974, which provided for the phaseout of dual benefits.

The average benefit amounts described above reflect cost-of-living increases paid in January 1988, on the basis of the 4.2 percent rise in the Consumer Price Index (CPI) during the 12 months preceding October 1987. Benefits will again be increased in January 1989, to reflect a 4 percent increase in the CPI.

Some 806,000 individuals who were receiving or were eligible to receive monthly benefits under the Railroad Retirement Act were covered by hospital insurance under the Medicare program at the end of fiscal year 1988. Of these, 790,000 (98 percent) were also enrolled for supplemental medical insurance.

Unemployment and sickness benefits under the Railroad Unemployment Insurance Act were paid to 87,000 railroad employees during the fiscal year. However, only about $0.2 million (less than 1 percent) of the benefits went to individuals age 65 or older.

### FINANCIAL CONDITION AND LEGISLATION

At the end of fiscal year 1988, the equity balance on an accrual basis of accounting in the Railroad Retirement Account was $7.9 billion. Revenues exceeded expenditures for the fifth consecutive year after more than a decade of negative cash flow.

The Board's 1988 actuarial report was more optimistic than the previous year's. The 1988 actuarial report indicates that, barring a sudden substantial drop in railroad employment, the system will not experience cash-flow problems during the next 20 years. However, in view of the system's reliance on payroll taxes for funding and the continuing decline in rail employment, legislation may be required in the future to assure the long-term stability of the system.

Federal budget legislation enacted on December 22, 1987 (Public Law 100-203) included railroad retirement financing amendments to address this concern. The budget law established a Commission on Railroad Retirement Reform to conduct a comprehensive study of the issues pertaining to the long-term financing of the railroad retirement system. By law, the study will take into account;

(1) the possibility of restructuring the financing of railroad retirement benefits through increases in the tier II tax rate, increases in the tier II tax wage base, the imposition of a tax on operating revenues, revisions in the investment policy of the railroad retirement pension fund, and establishing a privately funded and administered railroad industry pension plan;

(2) the economic outlook for the railroad industry, and the nature of the relationships between the railroad retirement system, levels of railroad employment and compensation, and the performance of the rail sector;

(3) the ability of the system under current law to pay benefits to current and future retirees and other beneficiaries;

(4) the financial relationship of the system to the railroad unemployment insurance system, the Social Security system, and the General Fund; and

(5) any other matters which the Commission considers would be necessary, appropriate, or useful to the Congress in developing legislation to reform the system.

The Commission, consisting of seven members representing railroads, including commuter railroads, labor, and the public, is to submit its report to the President and both Houses of Congress by October 1, 1990.

This legislation also increased railroad retirement tier II tax rates in January 1988, from 14.75 percent to 16.10 percent on employers and from 4.25 percent to 4.90 percent on employees, and extended for 1 year, until October 1, 1989, the time during which revenues from Federal income taxes on tier II railroad retirement benefits may be transferred to the Railroad Retirement Account for use in paying benefits.

Enactment of the Federal budget legislation rescinded temporary 1987 Gramm/Rudman/Hollings Act reductions of 8.5 percent previously applied to railroad retirement supplemental annuity payments and railroad unemployment and sickness benefit payments. These benefits were retroactively restored to previous levels. However, related budget legislation (Public Law 100-202) included domestic spending reductions agreed to by the President and Congressional leaders in order to reduce the national deficit and rescind Gramm/Rudman/Hollings sequestrations for the year. This legislation reduced certain spending appropriations for fiscal year 1988 by 4.26 percent, which reduced the funds available for payment by the Board of vested dual benefits funded by general revenue appropriations. The budget law reduction, averaging $6 per month, began with April 1, 1988, annuity payments and remained in effect throughout the 1988 fiscal year. Based on the appropriation for the 1989 fiscal year, the Board began paying vested dual benefits without any reduction on October 1. However, the restored payments were not retroactive.

The Railroad Unemployment Insurance and Retirement Improvement Act of 1988 was enacted on November 10, 1988, as part of the Technical and Miscellaneous Revenue Act of 1988 (P.L. 100-647). In addition to amending the Railroad Unemployment Insurance Act to increase benefits and improve railroad unemployment insurance financing, this legislation included amendments to the Railroad Retirement Act. The following summarizes those provisions of the new law affecting current and future railroad retirees:

—The new law eliminated the railroad retirement "last person service" provision suspending annuities of retired employees and spouses who return to work for their last pre-retirement nonrailroad employers, but retains the prohibition on return to service for any railroad employer. Effective December 1, 1988, the tier I railroad retirement benefits, and any vested dual benefits, of annuitants who return to last person service will be subject to the same social security earnings reductions applied to the tier I and vested dual benefits of other railroad retirement annuitants who return to work. But, last person service will also reduce tier II benefits, and any supplemental annuity payments, by one dollar for each two dollars of compensation received for last person service, subject to a maximum reduction of 50 percent.

—The amount disabled railroad retirement annuitants can earn in 1989 without reducing their benefits increases from $200 per month to $400 per month, exclusive of work related expenses.

—Certain railroad workers who served in the Armed Forces between June 15, 1948, and December 15, 1950, will be given railroad retirement credit for their military service. Many enlistees in this period had not been allowed service credit because there was not a national state of emergency in force during this period before the Korean War. Effective December 1, 1988, railroad retirement credit may now be deemed for such individuals if they performed railroad service in the year they entered or the year before the year they entered military service and if they returned directly to rail service after their military service.

—A lump sum, equal to railroad retirement tier II payroll taxes deducted from separation or severance payments, will be paid upon retirement to employees with 10 years of service if the separation or severance payments did not yield additional railroad retirement service month credits. The lump-sum provision applies to separation and severance payments made after 1984.

—Social security amendments also included in Public Law 100-647 modified the public service pension reductions applied to the social security and tier I railroad retirement benefits of employees awarded certain Federal, State, or local government pensions in recent years. The amendment allows lesser benefit reductions for employees with between 21 and 29 years of substantial railroad retirement or social security covered employment, as opposed to 26 to 29 years of such coverage under prior law. Employees who have 30 or more years of coverage, or who were either age 62 or eligible for a public service pension before 1986, remain exempt from any public pension offset. This provision is effective January 1, 1989, but is not retroactive.

The Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360) signed into law by President Reagan on July 1, 1988, applies to railroad retirement beneficiaries as well as Social Security beneficiaries.

The new law represents the most comprehensive expansion of the Medicare Program since its inception in 1965. Designed to protect the elderly and disabled against financial ruin from a severe illness, the legislation sets a cap on charges Medicare beneficiaries pay out of their own pockets to doctors and hospitals.

## ADMINISTRATIVE DEVELOPMENTS

In an efforts to provide better and faster service to persons initially filing for benefits, the Board began electronic transmission of initial employee and spouse annuity applications from its 90 local field offices to the Board's headquarters in Chicago.

Under the new system, field office personnel can enter retirement annuity application information and supporting evidence into a computer terminal for direct online entry into the Board's headquarters computer systems for immediate processing. Shorter processing time results from the elimination of mailings and keypunching.

In 1988, the Board also revised regulations to expedite certification of employee annuities by basing awards on service of record at the time of retirement (not including railroad service subsequent to the railroad employer's last annual report), and reflecting additional lag service months in recertifications computed the following year. The revised procedure is the same as that followed by the Social Security Administration. The time lapse for processing final awards should improve by approximately 30 days.

## OFFICIALS

President Reagan appointed Thomas J. Simon as Chairman of the Board. Mr. Simon was sworn into office on November 23 by retired Supreme Court Chief Justice Warren Burger. Mr. Simon succeeds Robert A. Gielow. Mr. Simon previously served in the Office of Personnel Management in Washington, D.C., as Senior Administrator for Intra-Governmental Affairs in 1988, and before that as Associate Director for Administrator, 1985-88. Prior to that, he was Director of the Office of Program Initiatives for the General Services Administration, 1982-85. He was Expert Consultant for the Social Security Administration in Washington, D.C., 1981-82; Associate with David M. Griffith and Associates in Northbrook, Illinois, 1980-81; Principal with Warren King and Associates in Chicago, Illinois, 1973-80; Corporate Cash Manger with Reserve Insurance Company, 1970-73; Assistant to the Vice Chairman with Citizens Bank and Trust of Park Ridge, Illinois, 1970; Assistant Treasurer and Financial Analyst with the Chicago and North Western Transportation Company, 1967-69.

President Reagan also nominated John D. Crawford for reappointment as Management Member of the Board. Mr. Crawford was first appointed to the Board upon recommendations of the Association of American Railroads and the National Railway Labor Conference in June 1985. An attorney, Mr. Crawford was associated with the Chicago and North Western Transportation Company for almost 30 years before his appointment to the Board. A Chicago and North Western Assistant Vice-President for Labor Relations, and Director of Labor Relations, he also served as Carrier Member of the Third Division of the National Railroad Adjustment Board.

C.J. Chamberlain continues to serve as Labor Member of the Board having been reappointed by President Reagan in 1986. Mr. Chamberlain was first appointed to the Board in 1977 upon recommendation of the Railway Labor Executives Association. During his 50-year career in the railroad labor movement, Mr. Chamberlain has held a number of positions including President of the Brotherhood of Railroad Signalmen and Chairman of the Railway Labor Executives Association.

The Board Members appointed Kenneth P. Boehne Chief Executive Officer effective December 1, 1987. Mr. Boehne has served as the Board's Chief Financial Officer, Director of Fiscal Operations, and Director of Audit and Investigations. In 1981, he was selected by the Arthur S. Flemming Commission for honors as 1 of 10 outstanding Federal employees in the Nation under age 40. Prior to coming to the Board, he was an auditor with the U.S. General Accounting Office.

Peter A. Larson was appointed Chief Financial Officer, succeeding Mr. Boehne. Prior to his appointment, Mr. Larson served as Assistant Regional Manager for Operations at the U.S. General Accounting Office in Chicago. While at GAO, he received numerous awards including a GAO Meritorious Service Award and a Comptroller General's Award for Outstanding Leadership.

## ITEM 30. SMALL BUSINESS ADMINISTRATION

NOVEMBER 16, 1988.

DEAR MR. CHAIRMAN: I am pleased to respond to your request of September 21, 1988 for the Small Business Administration's (SBA) submission to your committee report.

The Service Corps of Retired Executives, composed of volunteer retired business executives with self-administering chapters across the United States and its possessions, plays a vital role in the Agency's delivery of technical assistance counseling and training services to potential business persons and the small business community as a whole. SBA's Office of Civil Rights Compliance, through its enforcement of nondiscrimination provisions of the Equal Opportunity Act, Regulation B (12 CFR 202), and the Age Discrimination Act of 1975, protects the interests of older persons with respect to eligibility, treatment, and consideration for services, benefits, and credit from SBA and its recipients.

Thank you for allowing us the opportunity to share this information with you and your interest in small business.

Sincerely,

JAMES ABDNOR,
*Administrator.*

Enclosure.

### INTRODUCTION

The Small Business Administration makes direct loans and guarantees loans made by banks and other financial institutions to small concerns; provides management and technical assistance to firms receiving SBA financial assistance and to other small businesses; licenses and regulates small business investment companies, a source of equity and venture capital assistance for small concerns; and provides procurement assistance to help small concerns in buying from and selling to the Federal Government.

### SERVICE CORPS OF RETIRED EXECUTIVE (SCORE)

The Small Business Adminisitration established a volunteer program called the Service Corps of Retired Executives in 1964. This group is composed of volunteer retired business executives, men and women who have had a lifetime of varied business and professional experience with others. SCORE provides a person to person business advisory relationship. Through indepth counseling and training, owners and managers receive help in identifying basic management problems, determining their cause, and becoming better manager by finding viable solutions. SCORE services are available to almost all small, independent businesses, not dominant in their field, as well as to persons contemplating entry into a new venture. During fiscal year 1987, SCORE volunteers counseled and trained over 336,000 clients. This service of the Small Business Administration is vital to the survival of the small business. SCORE volunteers are reimbursed for their out of pocket expenses. SCORE volunteers are benefited by the sense of satisfaction which comes when one contributions his or her knowledge to help others.

### OFFICE OF CIVIL RIGHTS COMPLIANCE

The Office of Civil Rights Compliance of the SBA has the responsibility to ensure that the Agency, its recipients and subrecipients of financial assistance do not discriminate on the basis of race, color, religion, marital status, sex, age, handicap, or national origin in business, credit policies, or services to the public. Specifically, with respect to older persons, the Office of Civil Rights Compliance monitors and enforces the nondiscrimination provisions of the Equal Credit Opportunity Act, Regulation B, which prohibits discrimination on the basis of age in credit, and the Age Discrimination Act of 1975 which prohibits discrimination on the basis of age in the delivery of services to the public

## ITEM 31. VETERANS ADMINISTRATION

JANUARY 10, 1989.

DEAR MR. CHAIRMAN: I am pleased to respond to your request for a report of the Veterans Administration's activities on behalf of older's persons for the calendar year 1988.

The VA has developed a high quality system that provides health care for thousands of elderly veterans every day. Meeting the medical needs of older veterans constitutes one of the VA's current greatest challenges.

Thank you for allowing us the opportunity to share this information with you.

Sincerely,

THOMAS K. TURNAGE,
*Administrator.*

Enclosure.

### I. DEPARTMENT OF MEDICINE AND SURGERY

#### INTRODUCTION

The Veterans Administration has the potential responsibility for a beneficiary population of over 27 million veterans whose median age is 54.4 years. Twenty-two percent of the veteran population is age 65 and older and will increase to 37 percent by the year 2000. While the total number of veterans will decline, those over the age of 65 will rise to almost 9 million and by the year 2005 almost 4½ million will be 75 years or older.

This demographic trend will require the VA to redistribute its recources to meet the different needs of this older population. Historically, older persons are greater users of health care facilities. The number of physician visits, short-term hospital stays and number of days in the hospital all increase as the patient moves from the fifth to seventh decade of life.

The VA has developed a wide range of services to provide care in a variety of institutional, noninstitutional, and community settings to insure that the physical, psychiatric, and socioeconomic needs of the patient are met. Special projects, a variety of innovative, medically sound programs and individual VA medical center initiatives have been developed and tested that can be used for veteran patients and adapted for use by the general population.

The VA operates the largest health care system in the Nation, encompassing 172 hospitals, 117 nursing home units, 17 domiciliaries, and 226 outpatient clinics. Veterans are also provided contract care in non-VA hospitals and in community nursing homes, fee-for-service visits by non-VA physicians and dentists for outpatient treatment, and support for care in 54 State Veterans Homes and 3 annexes in 36 States. As part of a broader Va and non-VA network, affiliation agreements exist between virtually all health care facilities and nearly 1,000 medical, dental, and associated health centers. This affiliation program with academic medical centers results in about 100,000 health profession students receiving education and training in VAMC's each year.

In addition to the VA hospital and nursing home programs, the VA is increasing the number and diversity of non-institutional extended care programs. The dual purpose is to facilitate independent living and keep the patient in a community setting by making available the appropriate supportive medical and human services. These programs include Hospital-Based Home Care, Community Residential Care, Adult Day Health Care and Psychiatric Day Treatment and Mental Hygiene Clinics.

The need for both acute and chronic hospitalization will continue to rise as older patients experience a different mix of diseases than younger patients. Cardiovascular diseases, chronic lung diseases, cancers and organic brain disorders are all more prevalent in those persons age 65 and older. More often the older individual has more than one chronic condition, and the conditions tend to be progressive, degenerative, and permanent, requiring long-term rehabilitation and care.

In 1975 the Department of Medicine and Surgery initiated the Geriatric Research, Education and Clinical Center (GRECC) program.

The GRECC's were designed as centers of excellence for the advancement and integration of research, education and clinical achievements in geriatrics and gerontology into the entire VA system. This year the Administrator designated the approval of two additional centers, bring the total to 12 GRECC's.

Finally, to meet the challenge of the growing aging population, the VA through its long-range planning system is identifying underutilized hospital beds that can be converted to nursing home care beds for the future demand.

## II. GERIATRICS AND EXTENDED CARE PROGRAMS

### VA NURSING HOME CARE

The Nursing Home Care Units located in VA medical centers provide skilled nursing care and related medical services, as well as opportunities for social, diversional, recreational, and spiritual activities. Nursing home patients typically require a prolonged period of nursing home care and supervision, as well as rehabilitation services to attain and/or maintain optimal functioning.

In fiscal year 1988, 27,159 veterans were treated in VA nursing homes which had an average daily census of 11,974. Additional new nursing home care unit beds were activated at San Antonio, TX, and Minneapolis, MN. These and other changes resulted in a net increase of 403 operating beds for a total of 12,276.

### COMMUNITY NURSING HOME CARE

This community-based program is a contract program for veterans who require skilled or intermediate nursing care when making a transition from a hospital to the community. Veterans who have been hospitalized in a VA facility for treatment, primarily of a service-connected condition, may be placed at VA expense for as long as they need nursing care. Other veterans may be eligible for placement in community facilities at VA expense for a period not to exceed 6 months. Selection of nursing homes for a VA contract requires the prior assessment of participating facilities. Follow-up visits are made to veterans by teams from the VA medical centers to monitor patient programs and quality of care.

Fiscal year 1988 saw a small increase in community nursing home placements. During this year 42,975 veterans were treated in the program. This represents a little over 1 percent increase form fiscal year 1987. The number of nursing homes under contract was 3,622 in fiscal year 1988. The average daily census in these homes for fiscal year 1988 was 12,403.

### VA DOMICILIARY CARE

Domiciliary care in VA facilities provides necessary medical and other professional care for eligible ambulatory veterans who are disabled by disease, injury, or age and are in need of care but do not require hospitalization or the skilled nursing services of a nursing home.

The domiciliary offers specialized interdisciplinary treatment programs that are designed to facilitate the rehabilitation of patients who suffer from head trauma, stroke, mental illness, chronic alcoholism, heart disease, and a wide range of other disabling conditions. The domicilary with increasing frequency, is viewed as the treatment setting of choice for many older veterans.

Implementation of rehabilitation-oriented programs has provided a better quality of care and life for veterans who require prolonged domicilary care and has prepared increasing numbers of veterans for return to independent or semi-independent community living.

Special attention is being given to older veterans in domiciliaries with a goal of keeping them active and productive as well as integrated into the community. The older veterans are encouraged to utilize senior centers and other resources in the community where the domiciliary is located. Patients at several domiciliaries are involved in senior centers activities in the community as part of the VA's community integration program. Other specialized programs in which older veterans are involved include Foster Grandparents, Handyman Assistance to senior citizens in the community, and Adopt-A-Vet.

In fiscal year 1988, 16,632 veterans were treated in VA domiciliaries which had an average daily census of 6,061—2,218,490 days of care were provided in fiscal year 1988.

### STATE HOME PROGRAM

The State Home Program has grown from 11 homes in 11 States in 1888 to 54 State homes (one of which has three annexes) in 36 States. Currently a total of 18,676 beds are authorized to provide hospital, nursing home, and domiciliary care.

The VA's relationship to State Veterans Homes is based upon two VA grant programs. The per diem grant program enables the VA to assist the States in providing care to eligible veterans who require domiciliary, nursing home, or hospital care in State home facilities. The other VA grant program provides up to 65 percent Federal funding in the construction or acquisition of new domiciliary and nursing home care facilities, and the expansion, remodeling, or alteration of existing facilities.

In fiscal year 1988 the Administrator recognized new State homes at Claremore, Oklahome and Jackson, Mississippi, and is currently in the process of recognizing a new State home at southeastern Pennsylvania (which will increase the number of State homes to 55 in 36 States). Construction was started on a 150-bed nursing home at Alexander City, AL, and a 150-bed nursing home at Cape Girardeau, MO. The $48.2 million that were obligated by the VA in fiscal year 1988 for construction and renovation projects also included a new State home in Florida for 150 domiciliary beds; 150 domiciliary beds in southeastern Pennsylvania, 120-bed nursing home in the State of Maine; 220-bed nursing home at Anderson, South Carolina; conversions of domiciliary beds to nursing home care beds at Boise, Idaho, and Little Rock, AR; general renovation projects at the California Veterans Home in Yountville, CA; Vineland, NJ; and Bristol, RI; and life safety renovations at Hot Springs, SD, and Holyoke, MA.

## PALLIATIVE CARE

The VA has developed programs which furnish palliative care, supportive counseling, and other medical services to terminally ill veterans, as well as supporting counseling to their families in various service settings. The hospice concept of care is generally incorporated in VA medical centers' approaches to the care of the terminally ill.

## HOSPITAL-BASED HOME CARE

The program provides primary medical care to veterans with chronic illnesses in their own homes. The family provides the necessary personal care under the coordinated supervision on a hospital-based interdisciplinary treatment team. The team provides the medical, nursing, social, rehabilitation and dietetic regimens, as well as the training of family members and the patient.

Seventy-three VA medical centers are providing hospital-based home care services. More acute beds in hospitals are made available by providing increased days of care in the home.

In fiscal year 1988, 307,000 home visits were made by health professionals. Over 15,000 patients were treated.

## ADULT DAY HEALTH CARE

Adult Day Health Care (ADHC) is a therapeutically oriented ambulatory program that provides health maintenance and rehabilitation services to veterans in a congregate setting during daytime hours. ADHC in the VA is a medical model of services, designed as a substitute for nursing home care, as established by Public Law 98-160. The VA continues to operate 15 ADHC centers in fiscal year 1988. The VA also continued a program of contracting for ADHC services at 16 VA medical centers, and an additional 6 VA medical centers have been granted contracting authority for ADHC. They are Gainesville, FL; Grand Island, NE; Indianapolis, IN; Seattle, WA; Syracuse, NY; and White River Junction, VT.

## COMMUNITY RESIDENTIAL CARE PROGRAM

The residential care home program provides residential care, including room, board, personal care, and general health care supervision to veterans who do not require hospital or nursing home care but who, because of health conditions, are not able to resume independent living and have no suitable support system (e.g., family, friends) to provide the needed care. All homes are inspected by a VA multidisciplinary team prior to incorporation of the home into the VA program and annually thereafter. Care is provided in private homes that have been selected by the VA, at the veteran's own expense. Veterans receive monthly follow-up visits from VA health care professionals. In fiscal year 1988 an average daily census of 11,100 veterans was maintained in this program utilizing approximately 2,900 homes.

## GERIATRIC EVALUATION UNITS

A Geriatric Evaluation Unit (GEU) is usually a functionally different group of beds (ranging typically in number from 4 to 20) on a Medical Service or an Intermediate Care ward of the hospital where an interdisciplinary health care team performs comprehensive geriatric assessments. The GEU serves to improve the diagnosis, treatment, rehabilitation, and discharge planning of older patients who have functional impairments, multiple acute and chronic diseases, or psychosocial problems. In addition to improving care for older patients and preventing their unnecessary institutionalization, a GEU provides geriatric training and research opportunities for physicians and other health care professionals in the medical center.

Results from a controlled, randomized study of GEU efficacy that was conducted at the VA Medical Center Sepulveda, CA, showed such significant benefits are improved survival and rehospitalization rates, functional status, and living location following admission to the GEU.

Currently there are more than 70 Geriatric Evaluation Units in the VA medical system. The agency report, "Caring for the Older Veteran", sets a goal of establishing GEU's in 70 percent of the VA medical centers by 1990 and in every VA medical center by the year 2000.

## RESPITE CARE

It is generally recognized that most chronically ill persons who do not need hospital services can be most effectively cared for, if, through the assistance of family or other members of the household, they are able to live at home. At the same time, there is recognition that such arrangements for care of a patient at home may place severe physical and emotional burdens on the care giver and the household. The clinical objective of providing institutionally based respite care is to support the caregiver's role in caring for the chronically ill veteran at home.

The VA may provide respite care which is of limited duration; is furnished in VA facilities on an intermittent basis to a veteran who is suffering from a chronic illness and who resides primarily at home; and is furnished for the purpose of helping the veteran to continue residing primarily at home. The respite care program could and should interdigitate and reciprocate with the hospital-based home care program at VAMC's in which both services exist. Currently approximately 100 medical centers are providing respite care.

## ALZHEIMER'S DISEASE AND RELATED DISORDERS

The VA's program for veterans with Alzheimer's disease and related disorders is decentralized throughout the medical care system with coordination and direction from the Office of Geriatrics and Extended Care. Veterans with these diagnoses participate in all aspects of the health care system including outpatient programs, acute care programs and extended care programs. Some medical centers have established specialized programs for the treatment of these veterans. In order to advance knowledge about the care for veterans with dementia, the VA conducts basic biomedical, applied clinical and health systems research through the Office of Research and Development and the Geriatric Research, Education and Clinical Centers (GRECC's). Rehabilitation Research and Development Services develops and evaluates new technologies and techniques designed to minimize excess disability associated with dementia. Continuing education for staff is provided through training classes sponsored by Regional Medical Education Centers, GRECC's, and Cooperative Health Manpower Education Programs.

## GERIATRIC RESEARCH, EDUCATION AND CLINICAL CENTERS (GRECC'S)

The Geriatric Research, Education and Clinical Centers (GRECC's) play an important role in further developing the capability of the VA health care system to provide maximally effective and appropriate care to older veterans. First implemented in 1975, GRECC's are designed to enhance the system's capability in geriatrics by conducting integrated research, education and clinical care. The goals of the GRECC's are to develop new knowledge regarding aging and geriatrics, to disseminate that knowledge through education and training to health care professionals and students, and to develop and evaluate alternative models of geriatric care.

Each GRECC has developed an integrated program of basic and applied research, education, training and clinical care in select areas of geriatrics. Current focal areas include cardiology; cognitive and motor dysfunction and neurobiology; endocrinology, neuroendocrinology, metabolism and nutrition; geropharmacology; immunology, oncology and infectious diseases; rheumatology; and molecular biology of aging. Using an integrated approach, the GRECC's are developing practitioners, educators, and researchers to help meet the need for training health care professionals in the field of geriatrics; providing information for as well as establishing models on cost-effective approaches to care of the elderly; and researching better and more different methods to diagnose and treat health care problems of the older person as well as finding answers to fundamental questions on the process and consequences of aging.

At present there are 12 GRECC's. Ten are fully operational and are located in VA medical centers at Bedford and Brockton/West Roxbury, MA (2 divisions); Durham, NC; Gainesville, FL; Little Rock, AR; Minneapolis, MN; Palo Alto, CA; St. Louis, MO; Seattle/American Lake, WA (2 divisions); Sepulveda, CA; and West Los Angeles, CA. Two new GRECC's were designated in fiscal year 1988 at Ann Arbor and San Antonio VA medical centers but are not yet operational. Public Law 99-166, "Veterans Administration Health Care Amendments of 1985", increased from 15 to 25 the maximum number of facilities that the Va Administrator may designate for GRECC's.

## III. MEDICAL SERVICE

The Medical Service serves as the primary source of physicians for the care of elderly patients. Due to the aging of the population, the Medical Service is increasingly involved in all aspects of the delivery of health care to the aged. Acute and intermediate medical wards, coronary and intensive care units, nursing homes and outpatient clinics are all seeing an increased proportion of elderly patients for acute illnesses.

Some subspecialty areas are particularly impacted, including cardiology, endocrinology (diabetes)/rheumatology and oncology. The Medical Service provides necessary subspecialty care in inpatient and outpatient settings in addition to participating in Geriatric Fellowship Training, GRECC's, Geriatric Evaluation Units (GEU's), Hospice, Respite, Hospital-Based Home Care, and Senior Clinicians Programs. The specialized care that is required by the elderly has been recognized by Medical Service at 20 VA medical centers, by their establishment of a Chief of Geriatric Medicine Section emphasizing clinical care, as well as coordinating research, education efforts related to Geriatrics. In addition, physicians from 132 Medical Services reported that they were involved in research in aging during fiscal year 1988.

Age alone is less frequently used as a determinant of an individual patient's care. Geriatric patients increasingly undergo cardiac catheterization and cardiac cath labs are being established according to demographic need. The sunbelt is experiencing an increasingly heavy catheterization load. Similarly, the average age of patients treated in coronary and intensive care units is increasing, producing a concomitant demand for cardiac rehabilitation and physical fitness programs that are targeted to the frail elderly and the physically handicapped of all ages. Oncology treatment centers are also expanding. The special interest and involvement of Medical Service in geriatrics has also resulted in participation by internists in such programs as Adult Day Health Care, as well as in research problems in nutrition and treatment of hypertension.

Smoking cessation has been shown to benefit even elderly patients, thus the role of Preventive Medicine for this patient population has expanded. The Medical Service has been active in implementing preventive strategies in smoking cessation, immunization (influenza and pneumococcal vaccines), and colorectral screening.

The Medical Service has actively participated in the Intermediate Care Advisory Group. Evaluation and treatment of elderly patients by interdisciplinary teams during intermediate-length hospital stays will be an increasingly important role for the physicians of the Medical Service.

## IV. MENTAL HEALTH AND BEHAVIORAL SCIENCES

Mental Health and Behavioral Science Service continues to move forward in efforts to develop clinical programs to meet the needs of the aging veteran population with behavioral disorders. Significant changes in the patterns and approaches to inpatients and outpatients have been observed for this population of patients.

Hospital admission patterns are consistent with observed national trends: elderly patients with behavioral problems are beginning to require a significant proportion of the resources devoted to inpatient care. Geropsychiatric patients account for 2.4 percent of all VAMC admissions, however, they consumed almost 23 percent of the total days of care for this year.

Last year 14 percent of all geriatric patients treated in VAMC's were admitted primarily for psychiatric disorders; this figure does not include veterans who were admitted for other reasons while suffering a long-standing psychiatric disability. Their clinical problems were partly related to age, but also were determined by the presence of simultaneous medical and psychiatric disorders. The presence of a behavioral disorder in an elderly veteran resulted in an increase in length of hospitalization as well as a significant increase in the death rate. This group of patients required more intensive care, and more extensive hospitalization.

The VA offers a variety of clinical programs to assist geropsychiatric patients. In 1988 it was again seen that most of these veterans were admitted to VAMC's while participating in our own alternative and extended care programs, such as out-patient clinics, nursing homes and domiciliaries. In addition, the VA hospitals provided inpatient care to a large number of veterans who reside in community nursing homes, especially if they presented simultaneous medical and psychiatric problems.

Due to their frailty and vulnerability, these patients' hospital admissions were rapid, often unexpected, and precluded the utilization of out-patient pre-admission care. Consistently, geropsychiatric patients showed a high utilization of VA sponsored programs as well as additional community programs after discharge: when an elderly veteran develops a psychiatric problem, the need for post-hospitalization care programs has been shown to be quite pressing.

Out-patient care shows a different profile. During 1988 about 33 percent of all visits to outpatient clinics were related to veterans 65 years and older. Only a third of them utilized psychiatric clinics, a proportion significantly below the figures observed for nongeriatric veterans. In general, the elderly patient with psychiatric disorders has a diminished capacity to receive maintenance care on an out-patient basis, thus necessitating a variety of in-patient and residential care alternatives.

Available figures show a positive response to the intensive effort carried out by Mental Health and Behavioral Sciences Service (MH&BSS) and field facilities with improvement in the care provided to the geropsychiatric patient. There was a noticeable increase in the number of geriatric patients attending psychiatric out-patient clinics; also, the number of elderly patients receiving care in Psychiatry bedsections increased, reflecting the active development of specialized programs.

Recent cooperative efforts by MH&BSS and other offices in DM&S (Medical Service, the Office of the ACMD for Geriatrics and Extended Care, the Office of the ACMD for Academic Affairs), have resulted in the development of innovative pilot programs. Once these initiatives are completed, there will be an increase in the array of programs available to the geropsychiatric patient. Among these new care delivery modalities are: (a) psychiatric programs for nursing home patients, (b) new programs to provide treatment to patients with a combination of medical and psychiatric diseases, and (c) specialized care for patients requiring very long term hospitalization. In addition, research activities in the area of behavioral disabilities among the elderly are being conducted by the GRECCs, and educational programs for future geropsychiatrists in the nation are being advanced.

The VA will continue to recognize the urgent need to create the clinical programs needed by the geriatric patient with behavioral problems, especially among the very old veteran (older than 85 years of age). MH&BSS is reviewing the patterns of care provided to the elderly veteran, and will continue to encourage the development and expansion of the programs which respond to the population's needs.

## V. Social Work Service

The development of a full range of alternative levels of care for chronically ill and elderly veterans is essential to the medical and social well-being of a population who are recognized as heavy consumers of health services. Social Work Sevice priorities emphasize a systemized approach to the delivery of health care services to older veterans which promotes the more efficient use of VA and community resources through increased coordination and integration of services and resources with the public/private sector, including the Aging Network. This is consistent with the Department of Medicine and Surgery emphasis on the development of programs to reduce the need for inpatient long-term care; the promotion of non-institutional alternatives; and the exploration of joint ventures with the community to improve service delivery to veterans and non-veterans.

Social Work Service is participating in a National Training Program entitled "Alternative Levels of Care: Completing the Health Care Continuum." The purpose of this multidisciplinary initiative that is sponsored by the Birmingham Regional Medical Education Center is to complete development of the health care continuum that integrates institutional and non-institutional programs and provide a wide range of services that are accessible to patients as their needs change. Following an initial pilot program it is expected that a systemwide training project will be developed that is consistent with regional and medical district priorities and that emphasizes the need for the involvement and support of key staff and services at the VA medical center, the community health and social services network, and other outreach program activities.

For over two years Social Work Service and ACTION staff have been engaged in an ongoing and productive dialogue to develop and expand the use of Senior Companion Program volunteers at selected VA medical center sites. These volunteers provide transitional and aftercare services to older veterans who return to their own homes after a period of VA care. Through a collaborative effort involving

Social Work Service, Voluntary Service and ACTION staff at the local level, older volunteers are provided a stipend by ACTION to assist veterans in their own homes through the provision of companionship, personal care, meal preparation, transportation, and other services for up to 20 hours per week. Most of the volunteers are members of veterans service organizations, and they are recognized as a critical resource that impacts on the quality of life of older veterans, many of whom would otherwise occupy acute medical or nursing care beds in the VA health care system or in the community. The Administrator of Veterans Affairs, General Thomas K. Turnage, and the Director, ACTION, Ms. Donna Alvarado, signed an Interagency Agreement to promote the expanded use of volunteers on June 23, 1988. Over 30 VA medical centers have developed cooperative programs with ACTION, and it is anticipated that there will be a significant expansion during the next year, including the utilization of Retired Senior Volunteer Program volunteers to provide services to older veterans.

The Community Residential Care Program continues to be a major resource for the placement of older veterans who would otherwise be in institutional settings or be homeless. Social Work Service staffs serve on advisory boards and provide direct services at VAMC's, including those with established Homeless Chronically Mentally Ill (HCMI) programs.

The development of cost-effective alternative levels of care for veterans who require long-term care requires that community services entitlements be fully utilized in support of VA health care priorities. A number of VA medical centers have developed agreements with community providers that expand the range of services/resources available to ensure that the veteran receives the appropriate level of care in the most appropriate environment (often his own home). Through a hospital-based case management model that was initiated at one medical center, a much larger number of frail, elderly veterans are receiving home health services including skilled nursing care through the creative use of both VA and non-VA staff and other community resources. This model has the potential for replication at numerous sites throughout the VA health care system. The need for expanded outreach efforts to meet the needs of older veterans, many of whom are functioning on a marginal basis, is being addressed through the development and expansion of satellite offices and outreach centers. These are located in areas that are convenient and accessible to older veterans and in space leased from or donated by community service agencies who recognize the importance of having VA resources available to meet the needs of eligible veterans.

The development of responsive support networks, including the expansion of caregiver support programs, is recognized as essential to the VA's goal of providing the most appropriate level of care in surroundings that enhance independent functioning and quality of life. Consistent with this priority, Social Work Service software modules to identify "at risk" patients, facilitate multidisciplinary treatment and discharge planning, and the provision of case management services are being updated and now are "on line" at over 85 medical centers. In addition, the Social Work Service Resource and Program Development Committee completed recently a preliminary survey of programs at field stations; this survey is being disseminated systemwide to encourage information and sharing and creativity in the development of VA and community interactive programs. This could have a significant impact on the development and expansion of local programs to meet the special needs of target populations, including the elderly.

## VI. Rehabilitation Research and Development

The mission of the Rehabilitation Research and Development (R&D) Service is to "support research for improving the quality of life of impaired, disabled and handicapped veterans, including our aging veterans." This is accomplished by conducting a program of research, development and evaluation of new and unique devices, techniques and concepts of rehabilitation that will alllow more functional independence in the activities of daily living of physically disabled and infirm veterans.

The Rehabilitation R&D Service has established a significant interest area in the field of aging. The Rehabilitation R&D Service will actively promote this effort through the following:

Stimulate new R&D in VA Medical Centers to meet the needs of disabled aging veterans.

Support a Rehabilitation Research and Development Unit at Decatur, GA, whose primary focus is the needs of aging veterans.

Evaluate in VA medical centers newly developed devices, techniques and concepts on rehabilitation as they pertain to the aged.

Promote commercialization of the products of VA sponsored R&D.

Promote the utilization of rehabilitation R&D technological advances developed by our research and that of others by dissemination of the *Journal of Rehabilitation Research and Development* and articles in other professional journals.

In addition to the Rehabilitation R&D unit at Decatur, GA, specializing in aging and merit-reviewed projects at VAMC's throughout the Nation, Rehabilitation R&D supports two other Rehabilitation R&D Centers which conduct research impacting on aging. One of these centers is located in Palo Alto, CA. In collaboration with Stanford University, this center conducts research in orthopedic, biomechanics, and man-machine integration as it relates to robotics, and analytic modeling of disability and devices. Another center is located at Hines, IL, with research emphasis in orthopedic surgery and visual deficiencies.

One of the unique problems that the elderly experience is that of mobility. Wheelchairs provide mobility for the elderly. In the early 1940's, the wheelchair was revolutionized with the design and manufacture of a portable, lightweight, strong, and maneuverable model. Since then the most important innovation has been the powered chair. Rehabilitation R&D has been supporting several efforts to make wheelchairs more useful to those who need them. We have supported the development of standards for wheelchair manufacture and design and these standards have been submitted to and accepted by the American National Institute of Standards. There are approximately 125 wheelchair manufacturers in the United States today, each making a variety of models.

Three major problems which wheelchair users experience are: (1) the inability to make the wheelchair go when one or both arms of the individual lacks strength or function to operate the wheelchair; (2) to make the wheelchair go sideways or kitty-cornered as well as forward and backward; and (3) to surmount the barriers of stairs, curbs, and uneven terrain.

The Rehabilitation R&D Center at Palo Alto, CA, has developed an Ultrasonic Head controlled wheelchair. In this design, head movements of the patient activate two polaroid ultrasonic distance ranging sensors which generate control signals for the operation of the chair. Another researcher at Palo Alto is working on an Optimal Biomechanical Design for the Development of an Arm Powered Mobility Vehicle. The thrust of this work is the search for the most mechanically efficient method of powering wheelchairs with the upper extremities. Another design out of Palo Alto, now commerically available is the omnidirectional wheelchair which can move in any direction. The most striking innovation in wheelchair design is being carried out at the Hines, Illinois Rehabilitation R&D Center. Using "all-terrain" technology developed by the U.S. Army, Hines has completed the mathematical modeling and simulation prior to designing a wheelchair that does not use a wheel but uses legs to move the chair much the way the legs of a four-legged animal articulates. Stairs and curbs will cease to be a barrier.

A very sophisticated kind of environmental control which has relevance to the needs of older persons is the family of robotic arms—articulated metal arms that can be programmed for some basic function. The robot can be useful for assisting in eating, grooming, reaching for a book, turning a page or summoning an attendant. Some responded to voice commands. The Rehabilitation R&D Service is in the process of commercializing the first generation of robotic arms for use with paraplegics—who are enthusiastic about the degree of independence robotic arms provide. Research is being conducted to establish the man-machine interface for older persons.

Five Federal agencies (the National Institute on Aging, the Administration on Aging, the Veterans Administration, the National Aeronautics and Space Administration and the National Institute of Disability Rehabilitation Research) are pooling resources, talent and knowledge to develop a wandering device to assist the elderly in remaining as independent as possible wherever they reside.

Under contract in fiscal year 1988, the five agencies continued efforts to design and develop a device which alerts a caregiver that a wanderer has left a prescribed area and a device which will track that wanderer once he/she leaves that prescribed area.

The Rehabilitation R&D Unit in Decatur, GA, is pursuing research in the care of individuals who are demented particularly those with dementia of the Alzheimer's type. Wandering is a serious problem for both caregivers and elderly persons who engage in the behavior.

One of the questions that was posed is whether or not a wanderer's behavior could be changed or modified or redirected. A pilot study being conducted by the Rehabilitation R&D Unit at the Veterans Administration Medical Center, Decatur, nursing home offers some preliminary results that seem to indicate that it is possible to intervene in the behavior of a wanderer using verbal commands.

The Rehabilitation R&D Service is in the process of digitizing hearing aids. One of the problems that hearing aid wearers face is the inability of the clinician to adjust the hearing aid to the specific and unique characteristics of the wearer. Rehabilitation R&D is supporting research that is approaching commercialization on the digitized hearing aid. This important development involves the use of a computer to fine tune the hearing aid to the specific hearing loss frequencies of an individual.

Rehabilitation R&D is also putting computers to use in working with aphasics. Significant research is being directed to helping those who cannot communicate, particularly those who have lost the ability to recognize everyday items and to articular them. A specialized language has been constructed based on flash card technology to assist the aphasic in understanding the spoken language and communicating.

Another example of Rehabilitation R&D supported research in the area of aging concerns the use of computer-assisted therapy for aphasics. This is an instance where computers have bridged the gap between the availability of trained manpower and individuals who need therapy. In Birmingham, Alabama, research has been collected which has shown that it is possible for a computer to be programmed to conduct speech therapy by telephone.

## VII. REHABILITATION MEDICINE SERVICE

The key goals of Rehabilitation Medicine Service (RMS) in providing care to the elderly are to offer comprehensive assessment including elements of functional independence, cognition, and Activities of Daily Living performance. Through the use of physical agents, therapeutic modalities and exercise, the RMS team assists the patient in developing and attaining specific goals. This involvement, in conjunction with pharmacological agents and dietary planning offered by interdisciplinary treatment teams, results in effective service and high quality of care.

RMS therapists and physiatrists have significantly increased provider service to intermediate and extended care programs during 1988. Self help and independent living therapy offerings, along with muscle strengthening and mobility training, represent major traditional therapy provided to this population.

Kinesio-, physical and occupational therapists, as well as physiatrists, are practicing and developing state-of-the-art care delivery in nontraditional settings, such as homebound health care or a day care environment. Other significant programs, with specialized rehabilitation staff, include Alzheimer units, Geriatric Evaluation Units (GEU's), independent living centers and hospice care.

Therapists and students also staff and/or receive training in Geriatric Research, Education and Clinical Centers (GRECC) where they are participating in research and development of geriatric assessment tools. A significant number of RMS therapists have received advanced education and training in gerontology which focuses on new and successful treatment programs for the geriatric population.

## VIII. NURSING SERVICE

Nursing care of the elderly veteran is a vital part of the Nursing Service mission and comprises the largest proportion of health services required by this age group. Recognizing the rapid increase in the number of aging veterans being admitted for care in all treatment modalities, concerted offorts are being made to provide strong leadership in the clinical, administrative, research, and educational components of nursing practice.

Academic preparation is a high priority of Nursing Service to assure quality programs for treatment and rehabilitation of aged ill, disabled and at risk veterans. Graduate nursing students receive clinical education experience in Geriatric Evaluation Units (GEU's), Nursing Home Care Units (NHCU's) and Hospital Based Home Care (HBHC) programs. While the demand for rehabilitation nurse specialists has been increasing, the supply has been diminishing over recent years, due primarily to reduction in nurse traineeship funds for graduate education in this specialty area. Recruitment of highly qualified professional nurses is an on-going priority. Seventy-six positions were funded in 1987 by the Clinical Nurse Specialist Program for masters level nursing students in either geriatric/gerontological, rehabilitation or psychiatric/mental health nursing. One hundered and four positions were funded in this area in 1988.

Graduate nurse-practitioners provide comprehensive assessment, monitoring and management of activities of daily living and chronic health problems of the aging. Nurse practitioners and clinical nurse specialists function in GEUs, NHCUs, geropsychiatric units, HBHC and adult day care centers/units. They assume broad responsibility in the care of the aging veteran including modifying diets, monitoring diagnostic and therapeutic treatments, implementing and monitoring bowel and bladder regimens, in addition to providing other services supportive of daily living, rehabilitation and healthy life styles.

Executive development of nurse leaders in long-term care is provided through preceptorship training for the position of Associate Chief or Supervisor, Nursing Home Care. Currently, 42 Supervisors of Nursing Home Care have been approved for the discretionary title of Associate Chief, Nursing Service for Nursing Home Care.

Preventive care and health promotion incentives are implemented to preserve independence, foster productivity and enhance the quality of life by improving the health status of aging veterans. The "young old," ages 65–74 are relatively healthy and concerned with maintaining their health. Nurses in wellness clinics and other adult care settings provide supervision, screening and health education programs to assist veterans in maintaining healthy life styles.

Programs for the physically disabled and cognitively impaired have been established and are administered by nurses in home care, ambulatory care settings and inpatient units. Treatment programs are goal-directed toward physical and psychosocial reconditioning or retraining of patients with biological and psychosocial disturbances. Patient and family teaching is a major part of each program. Family and significant others have a key role in providing support to aging veterans and are assisted in learning and in maintaining appropriate responsibilities. Also, VA nurses are volunteering their services for health care planning for the elderly in the community-at-large through participation in self-help and support organizations related to specific diseases such as Alzheimer's, as advisors to local health planning councils, and through sharing of VA educational activities and research seminars with health care professionals.

While progress has been made in the care of aging veterans, increasing demands and shortages of critical health care personnel, and cost containment issues require more effective coordination of health care delivery to prevent fragmenting of care and inappropriate institutionalization. Cost effective practice models to facilitate the care of aging veterans throughout the health care continuum are needed to assure access to the appropriate level of care in the most cost effective setting. Professional nurses function as part of interdisciplinary teams to coordinate and provide care in settings beginning with GEU's and progressing along many care settings including ambulatory care, acute care, intermediate care, long term care, and appropriate community agencies.

Continuing education is essential to providing quality care to aging veterans. Nursing Service is a part of a national task force to develop and implement a National Training Program on Health Care Problems of the Elderly. Education programs to enhance the quality of care for elderly will be planned with priority given to high risk groups such as the frail elderly, chronically ill, totally disabled, and patients with Alzheimer's and other dementia.

Research is needed to improve gerontological nursing practice and to advance health care for older persons. Areas in which research is urgently needed to improve the quality of care include: Urinary incontinence; Falls; Care of Alzheimer's disease patients; Wandering behavior; Dementia; Nutrition; Exercise; and Mobility.

Professional nurses are encouraged and supported in their efforts to conduct research, especially in clinical settings.

## IX. DIETETIC SERVICE

The nutritional care of the older veteran in all VA settings continues to be an area of emphasis. The provision of adequate nutrients in a consumable form is particularly challenging when caring for the aging veteran. The ability to chew or swallow may be impaired. The senses may be affected, and the person may not be able to adequately see or taste food. Physical handicaps may alter the ability of the person to maneuver eating utensils adequately and hence intake is less than optimal. Many of the diseases imposed on the elderly require dietary intervention which further complicates the kind and amount of foods suitable for the best medical care. All these factors present the VA dietitian with the opportunity to create innovations in the field of geriatric nutrition.

Computer software for clinical dietetics includes a "Nutritional Assessment" program. Revisions this past year focused on the inclusion of indices specific to the needs of the older person. The current indices available to assess the nutritional status of the adult are not adequate for the older population. In-depth searching of the literature was done to include the most up-to-date parameters in this area.

Since so many of these patients are confined to a chair or bed, the parameters of weight and height that are necessary for determining nutrient requirements are difficult to obtain. The revised software will include the ability to determine height and weight from other body measurements. The standardization of nutritional care through this software will also be beneficial for clinical research in the much needed area of medical care.

The VA also participated in the working group on nutrition and the Surgeon General's Workshop on Health Promotion and Aging and will be looking at the recommendations for future initiatives.

## X. VOLUNTARY SERVICE

Medical centers across the country are devising new projects and efforts to deal with the aging veterans and the need to assist them in surviving in their own communities. Reports have been very encouraging from the Action Community Assistance Program. This program is demonstrating clearly that with a small amount of assistance in the home we can almost assure successful adjustment to home living and the reduction of specialized assistance necessary to remain out of a hospital environment.

A program that shows great promise for expansion to other VAMC's is the "Home Assessment for Successful Aging" being conducted as a demonstration project at the Sepulveda VAMC/GRECC Center. This project is being funded by the Disabled American Veterans and is designed to establish multidisciplinary teams that search out the aging veterans in a community. A home visit is conducted, and a survey is made of the home to determine the hazards that might be injurious to an aging person. Volunteers are then enlisted to help overcome these hazards. The survey instrument will be field tested for a 6-month period, revised and then provided to all GRECC's for their implementation.

A program that has been historically a part of volunteering is being revised and improved upon to meet the needs of ever increasing numbers of aging patients. This program is the feeding of patients by volunteers.

Miami VAMC, in particular, has done an outstanding job of developing a training program, informational materials and recognition of the volunteers who participate. The program has been titled the "Silver Spoons" program and is receiving considerable community support.

Many stations are experiencing an increase in the number of older people who are desiring to volunteer. The Wilmington VAMC has reported the utilization of volunteers over 75 years of age in such assignments as escort of patients, providing music for chapel services, recreation activities, clerical staff support, etc.

There is no question that the elderly age group, which is providing a great challenge to the VA health care system can be the source of volunteers to serve their peers.

## XI. DENTISTRY

Dentistry is an integral part of any comprehensive health care program for the elderly. Freedom from tooth-related pain is a primary objective, of course, but there are a number of other major concerns. The incidence of many oral diseases that do not initially cause pain, from periodontitis to cancer, increases significantly with advancing years. Additionally, many older people lose a sufficient number of teeth to interfere with effective mastication, so that nutritional deficiencies and gastrointestinal problems are a common result. Perhaps as important, the ability to enjoy a varied, interesting diet is compromised—a factor in quality of life. Similarly, the integrity of the dental complex plays a major role in facial appearance and in oral communication, which are so important to self-image and societal function.

The VA is pledged to "provide elderly veterans with a range of medical and health services that are designed to restore and/or maintain optimal levels of health, foster independent living, and improve overall quality of life." With this in mind, the VA Office of Dentistry is involved in a number of initiatives to cope with the dental health needs of the burgeoning numbers of older veterans.

The Dentist Geriatric Fellowship Program is now in its seventh year of operation. The first five dentists who entered the VA Dentist Geriatric Fellowship completed their 2-year program in June of 1984. Anticipating their graduation, a plan was implemented whereby interested VA health care facilities submitted proposals that outline their intended use of such a uniquely trained individual. Facilities with approved programs that successfully recruited a graduate received FTE and funding for their placement. This mechanism has allowed us to retain the majority of the graduates for service with the Veterans Administration. Seventeen of them are currently employed at VA medical centers across the country. In addition, judging by publications, honors, and offices held, they are taking their places among the leaders in dental geriatrics both nationally and internationally. At their individual facilities, their responsibilities vary, but most of these geriatric dentists have also developed clinical programs at VA facilities within their medical districts as well as establishing linkages with community and university endeavors. The special efforts to employ these individuals will allow continuing evaluation of the training programs in geriatric dentistry and an opportunity to measure the contributions of graduates against the time and funding dedicated to the Fellowship Program itself.

Although there is considerable interest that is directed at the Geriatric Fellowship Program and at the facilities that now employ dentists who are especially trained in geriatrics, other VA dental facilities are not without their concerns and programs for the aging veteran. VA dental personnel at all levels are aware of the rapid aging of the veteran population. Elderly patients are treated on a daily basis and most facilities now have at least one dentist who has attended a continuing education course in geriatric dentistry or a course in hospital dentistry that emphasized special care for the elderly.

An area of particular concern to the Dental Service is the oral health needs of veteran patients in VA extended care facilities. Often frail and functionally impaired, many of these patients have extensive oral health needs and present a significant challenge for the dental staff. The Office of Dentistry, with the assistance of a special multidisciplinary Task Force, formulated a Program Guide: *Oral Health Guidelines for Long Term Care Patients.* The guidelines reflect the high priority that the Assistant Chief Medical Directors for Clinical Affairs, Geriatrics and Extended Care, and Dentistry place on involving interdisciplinary health care teams in the oral care of elderly veterans. The monograph has received considerable attention from professional schools and from non-VA geriatric health care facilities.

The Veterans Administration has perpetuated a training program for auxiliaries to give them additional clinical responsibilities that should be particularly helpful to the geriatric population. Dental assistants who are trained in preventive dentistry functions and dental hygienists who are trained in more complex periodontal procedures allow Dental Services in selected facilities to provide broadened oral health services to the long-term care patient.

The Office of Dentistry participated in projecting VA dental manpower needs for a U.S. Department of Health and Human Services report, "Personnel for Health Needs of the Elderly Through the Year 2020." Response to the needs projected in this report will serve as the agenda for the development of educational programs for dental personnel at a variety of levels. The development of 2-year dental general practice residencies with an emphasis on geriatrics is being encouraged. Similarly, discussions are in progress to offer VA stipend support for geriatric clinical training of Masters Degree candidates in dental hygiene.

The VA's impact on geriatric dentistry is not limited to its own health care system, but extends to the national scene as well. The ACMD for Dentistry regularly participates in the NIDR (National Institute for Dental Research) group that is involved in reviewing oral health promotion and disease prevention initiatives throughout the country. The VA also has been represented on a Surgeon General's Workshop relating to the same topic. In education, the American Association of Dental Schools (AADS) has recently initiated a Geriatric Education Project. Its goal is to enhance the quality of dental services that are available to older people in the U.S. by improving the teaching of geriatric dentistry in dental schools. Three of the nine members of the AADS Working Committee for this project are VA dentists.

In research, the VA has been involved in a collaborative project since 1984 with the National Institute on Aging (NIA) and the National Institute of Dental Research (NIDR). The project emerged from discussions among the Directors of the NIA and NIDR, Dr. Franklin Willians and Dr. Harold Loe, respectively, and the VA's Assistant Chief Medical Director for Dentistry, Dr. Robert R. Rhyne. They agreed to pursue to project that would produce three products: a research agenda for oral health and related problems in the elderly, a catalog of relevant resources and activities, and an implementation plan that would recommend cooperative efforts between the three agencies in response to high priority research questions. A core staff and a Project Advisory Panel that represented the three organizations were appointed, and the project is now in its implementation phase. As a direct result of the collaboration, a request for applications (RFA) was published last year that announced the availability of funding for research centers on oral health and aging. Applications were to show active collaboration between the VA medical center and an affiliated academic institution. As the initial selection, the University of Florida College of Dentistry, teamed with the VA Medical Centers at Gainesville and Miami, will receive grant money over the next five years to establish such a center.

The Office of Dentistry staff and consultants have recently completed the analysis phase of a project that surveyed oral health needs of patients in VA nursing homes. The results are being placed in report form and will be used to enhance oral health programs as well as to project present and future needs for manpower and other resources.

A national newsletter on geriatric dentistry, supported by the Office of Academic Affairs and the Office of Dentistry, was initiated in 1987. This publication provides up-to-date information on dental needs and treatment strategies for the older veteran. Although it is primarily intended for VA Dental Services, its circulation exceeds 5,000 and is received by a wide cross-section of health disciplines throughout the country that are involved in the management of the oral health needs of the elderly.

## XII. Health Services Research and Development

The Health Services Research and Development (HSR&D) Service supported many HSR&D activities that were related to aging: to clarify options, estimate costs (organizational, human, economic) and to provide information to make rational choices among alternative health care interventions.

Each of the Service's three major program areas emphasized HSR&D in aging. The HSR&D Field Program, which implements the Service's mission nationwide and fosters integration of research with practice, continued to support locally initiated research projects that were related to aging. Locally initiated projects supported in 1988 addressed such areas as: mediating risk factors for falls in the elderly; exploring cost-effectiveness and clinical utility of alternative approaches for caring for Dementia patients; Dementia workup in elderly patients; oral health among older veterans; and homeless veterans in domiciliary care.

The Northwest Regional HSR&D Field Program System Wide Resource on Aging continued to provide leadership and technical assistance in this area. Most notably, this program continued collaboration with the VA's Office of Geriatrics and Extended Care to conduct the Congressionally mandated evaluation of the cost-effectiveness of adult day health care relative to nursing home care. Products from the pilot work for this study already are being disseminated, focussing on methodological advances in patient recruitment and selection, and on measures of medical efficacy, utilization, and cost. The protocol was approval for implementation in Fiscal Year 1989 of an additional comparison, of VA adult day health care relative to such care funded by the VA but provided by the private sector.

Approximately 38 percent of the Service's eighty-one 1988 investigator-initiated research projects addressed issues of particular importance to our aging veterans. These projects originated from 23 different VA field locations. Research topics include; the effectiveness and efficiency of a caregiver support program; cost-effective post-discharge care for elderly veterans; the use of community volunteers in the rehabilitation of older veterans; cost-effectiveness of hospital based home care; an information synthesis of discharge planning with older veterans; evaluation of independent living services of chronically ill elderly; and periodontis in aging veterans.

## XIII. Academic Affairs

All short and long range plans of the VA's Department of Medicine and Surgery that addressed health care needs of the Nation's growing population of elderly veterans include training activities supported by the Office of Academic Affairs (OAA). The training of health care professionals in the area of geriatrics/gerontology is an important component in a variety of programs conducted at VA medical centers in collaboration with affiliated academic institutions. Work wtih geriatric patients is an integral part of the clinical experience of the nearly 100,000 health trainees including 30,000 resident physicians and 44,000 nursing and associated health students who train in VA medical centers each year as part of an affiliation agreement between the VA and nearly 1,000 health professional schools, colleges and university health science centers. Recognizing the challenges presented by the ever increasing size of the aging veteran population, the OAA has made great strides in promoting and coordinating interdisciplinary geriatric and gerontological programs in VA medical centers and in their affiliated academic institutions.

The Office of Academic Affairs, in the DM&S, supports geriatric education and training activities in the following special programs:

### VA FELLOWSHIP PROGRAMS IN GERIATRICS FOR PHYSICIANS

The issue of whether or not geriatrics should be a separate medical specialty or a subspecialty was resolved in September 1987 when the Accreditation Council for Graduate Medical Education approved Geriatric Medicine as an area of special competence. The first descriptions of special requirements for programs in Geriatric Medicine for both Family Practice and Internal Medicine appeared in the 1988-89 Directory of Graduate Medical Education Programs. Effective January 1988, the American Board of Internal Medicine and the American Board of Family Practice specified procedures for the certification of added qualifications in geriatric medicine.

The demand for physicians with special training in geriatrics and gerontology continues unabated because of the rapidly advancing numbers of elderly veterans and aging Americans. The VA health care system offers clinical, rehabilitation, and follow-up patient care services, as well as education, research and interdisciplinary programs that constitute the support elements that are required for the training of physicians in geriatrics. Since 1978-79 this special training has been accomplished through the VA Fellowship Program in Geriatrics conducted at VA medical centers affiliated with medical schools. The 12 initial training sites increased to 20 in 1986 after competitive reviews determined renewed or new site designations.

These fellowships are designed to develop a cadre of physicians who are committed to clinical excellence and to becoming leaders of local and national geriatric medical programs. Their dedication to innovative and thorough geriatric patient care is expected to produce role models for medical students and for residents. The 2-year fellowship curriculum incorporates clinical, pharmacological, psychosocial, education, and research components that are related to the full continuum of treatment and health care of the elderly. A third year for research is available on a competitive basis.

During it's 10-year history, the program has attracted physicians with high quality academic and professional backgrounds in internal medicine, psychiatry, neurology and family practice. Their genuine interest in the well-being of elderly veterans is apparent from high VA retention rate after completing the fellowship training. Many of the Fellows have published articles on geriatric topics in nationally recognized professional journals, and several Fellows have authored or edited books on geriatric medicine and medical ethics. The number of recipients of important awards and research grants increases each year.

As of June 1988, 179 Fellows had completed the program in nine successive groups: 1980—8; 1981—12; 1982—16; 1983—19; 1984—23; 1985—22; 1986--27; 1987—23; and 1988—28. About 45 percent remain in the VA system as full or part-time employees. Close to 50 percent of all graduates hold academic appointments. The VA group of 179 fellowship alumni/ae represents the largest single agency contribution to the development of geriatric medicine as a recognized area of special competence in the United States.

*Dentist Geriatric Fellowship Program*—In July 1982, 2-year Dentist Geriatric Fellowship Programs commenced at five medical centers that are affiliated with schools of Dentistry. The goals of this program are similar to those described for the Physician Fellowship Program in Geriatrics. As of June 1988, 25 Dentist Fellows had completed their special training. Also in 1988, the number of training sites increased to six, and beginning in 1990, 6 dentist fellows per year are expected to graduate. Nearly 90 percent of the program alumni/ae have accepted offers of post fellowship employment in the VA system. Most serve in academically oriented positions mainly in VA district offices. Through their teaching and research activities, they reach large numbers of residents and students and thus influence geriatric dental health care far beyond the confines of the VA health care system.

### INTERDISCIPLINARY TEAM TRAINING IN GERIATRICS

Interdisciplinary Team Training in Geriatrics (ITTG) is a systematic educational program that is designed to include didactic and clinical instruction for VA faculty practitioners and affiliated students from three or more health professions such as physicians, nurses, psychologists, social workers, physical and occupational therapists. The ITTG provides a structured approach to the delivery of health services by emphasizing the knowledge and skills needed to work in an interactive group. In addition, the program promotes an understanding of the roles and functions of other members of the team and how their collaborative contributions influence both the delivery and outcome of patient care.

The ITTG Program has been activated at 12 VA medical centers. Two sites, located at VA Medical Centers (VAMC's) Portland, Oregon, and Sepulveda, California, were designated in 1979. Three additional VA sites at Little Rock, Arkansas; Palo Alto, California; and Salt Lake City, Utah, were selected in 1980; and VAMC's Buffalo, New York; Madison, Wisconsin; Coatesville, Pennsylvania; and Birmingham, Alabama, were approved in 1982. In the spring of 1983, three sites were selected at VAMC's Tucson, Arizona; Memphis, Tennessee; and Tampa, Florida.

The purposes of the ITTG program are to develop a cadre of health practitioners with the knowledge and competencies that are required to provide interdisciplinary team care to meet the wide spectrum of health care and service needs of the aged veteran; to provide leadership in interdisciplinary team delivery and training to other VA medical centers; and to provide role models for affiliated students in medical and associated health disciplines. Training includes the teaching of staff and students about the aging process; instruction to team teaching and group process skills for clinical core staff; and clinical experiences in team care for affiliated education students with the core team serving as role models. During fiscal year 1986, 196 students were provided funding support at the 12 model ITTG sites.

## CLINICAL NURSE SPECIALIST

Clinical nurse training is another facet of VA education programming in geriatrics. The need for specially trained graduate level clinical nurse specialists is evidenced by the sophisticated level of care needed by the VA patient population, specifically in the area of geriatrics. Advanced nurse training is a high priority within the VA because of the shortage of such nursing specialists who are capable of assuming positions in specialized care and leadership.

The Clinical Nurse Specialist Program was established in 1981 to attract clinical specialist students to the VA and to help meet requirements needs in the VA priority areas of geriatrics, rehabilitation, psychiatric/mental health, all of which impact on the care of the elderly veteran. Direct funding support is provided to master's level nurse specialist students for their clinical practicum at the VA medical centers that are affiliated with the academic institutions in which they are enrolled. In fiscal year 1988, 74 master's level clinical nurse specialist student positions were supported at 27 VA medical centers; 29 in geriatrics; 4 in rehabilitation; and 39 in psychiatric mental/health.

## VA GERONTOLOGIC NURSE FELLOWSHIP PROGRAM

Between 1981-87, the Gerontologic Nurse Fellowship Program was planned, developed and initiated. The program is designed to prepare expert geriatric nurse practitioners, educators, administrators, and researchers for leadership positions in long term care for the aging veteran population. The program is a 2-year fellowship for graduate nursing students enrolled in qualified doctoral level nursing programs. VAMC Hines, IL was selected as the first program site. A fellow began in October 1988. There are plans to refine and expand this program during fiscal year 1990-91.

It is expected that students will be appointed at the beginning of each fiscal year for a period of 1 year. A reappointment for one additional year is possible, if the first year's performance evaluation is satisfactory. It is anticipated that at least half of the participants who complete this VA Fellowship will be recruited within the VA system.

## EXPANSION FOR ASSOCIATED HEALTH IN GERIATRICS

A special priority for geriatric education and training is recognized in the allocation of associated health training positions and funding support to VA medical centers hosting Geriatric Research, Education, and Clinical Centers (GRECC's), and to VA Medical Centers (non-ITTG/GRECC sites) that offer specific educational and clinical programs for the care of older veterans. In fiscal year 1988, a total of 147 associated health students received funding support at 65 VA facilities in the following disciplines; Social Work; Psychology; Optometry; Audiology/Speech Pathology; Clinical Pharmacy; Clinical Nurse Specialist; Occupational Therapy; and Podiatry.

## EXPANSION FOR MEDICAL AND DENTAL RESIDENTS IN GERIATRICS

In order to expand the involvement of medical and dental residents in the care of older veterans, a special program for geriatric education and training was initiated in fiscal year 1983. This program provides residency positions and funds to VA medical centers that host Geriatric Research, Education and Clinical Centers (GRECC's) and to VA medical centers offering specific clinical programs and training experiences for the care of geriatric patients.

In fiscal year 1988, 120 medical and dental positions were approved at about 60 VA facilities for the training of residents in the assessment, treatment, and rehabilitation of the older veteran.

### CONTINUING EDUCATION

In support of the VA's misssion to provide health care to the aging veteran population, education and training continues to be offered to enhance VA medical center staff skills in the area of geriatrics. These educational activities are designed to respond to the needs of VA health care personnel throughout the entire Department of Medicine and Surgery. Annually, Postgraduate and In-Service Training (PIT) funds are distributed to two levels of the organization for support of continuing education activities in priority areas.

#### *First*

Program 870 (Core PIT) funds are provided to each of the VA medical centers to meet the continuing education needs of its employees. Approximately $37,000 of facility-oriented monies supported training activities in geriatrics during fiscal year 1988. VACO also allocates funds for VAMC-Initiated programs to allow health care facilities, with assistance from a Regional Medical Education Center (RMEC), to conduct education programs within the hospital to meet locally identified training needs. Approximately $17,000 of VAMC-Initiated funds were used to support 26 separate activities.

#### *Second*

Continuing Education Field Units (CEFU's), which include seven Regional Medical Education Centers (RMEC's), eight Cooperative Health Education Programs (CHEP's), two Dental Education Centers (DEC's), and the Continuing Education Center (CEC) meet education needs by conducting programs at the regional and local medical center level. Examples of recent programs are:

—Working Effectively with Elders and Their Families.
—Geriatric Orthopedic Patient.
—Geriatric Assessment: The Team Approach.
—Clinical Geriatrics: Strategies for Quality Care.
—Communication Disorders in the Elderly.
—Special Needs of Geriatric Patients.
—The Role of Exercise in the Older Adult.
—Physiological Changes of Aging.
—Gerontology: Challenges, Changes, Commitments.

RMEC programs are also conducted in cooperation with the Geriatric Research, Education, and Clinical Centers (GRECC's) which received $158,000 in PIT funds to support their identified needs. This collaborative effort ensures the efficient use of existing resources to meet the increasing demands for training in geriatrics/gerontology. For example, the GRECC's have met some of the training needs identified by RMEC's and RMEC's have utilized GRECC staff as faculty for their programs.

During fiscal year 1988, the Continuing Education Field Units conducted 150 education activities in the area of geriactrics which were attended by approximately 4,200 VA participants and 1,900 non-VA participants.

Also in fiscal year 1988, the issue of "Health Care Problems of the Elderly" was identified as a systemwide training need in the VA. In response to this need, a National Training Program is presently being developed and will be implemented starting in fiscal year 1989. "Health Care Problems of the Elderly" will be a multiyear program providing training throughout the VA system.

### HEALTH PROFESSIONAL SCHOLARSHIP PROGRAM

The Scholarship Program was established in 1980 and funded through 1985 to assist in providing an adequate supply of nurses for the VA and the nation. In 1988 the Scholarship Program was reactivated to provide scholarships to students in full-time nursing and physical therapy baccalaureate and master degree programs in certain specialties specified by the VA. From 1982 through 1988 there were 161 nursing and 4 physical therapy awards made to students in master degree programs of which 19 percent were enrolled in geriatric/gerontology nursing programs. Recipients were obligated to serve a minimum of 2 years as full-time registered nurse in a VA medical center. One recipient currently remains in service obligation and 4 of the 19 recipients who have completed service obligation remain employed in the VA. The 1988 award recipients will serve 1 year of service obligation for every year of scholarship benefits received. In June 1989 one geriatric/gerontology nursing student will complete master's degree requirements for a total of 6 remaining in service.

### LEARNING RESOURCES

The widespread education and training activities in geriatrics have generated a broad spectrum of requirements for learning resources throughout the VA system. Local Library Services performed hundreds of on-line searches on data bases such as AGELINE (available through Bibliographic Retrieval Services), and continue to add books, journals, and audiovisuals (AV's) on topics related to geriatrics and aging. Multiple copies of 2 AV programs were made available nationwide for VA staff use through the VA Software Delivery System. The VACO Library continues to expand its collection of books, AV's, and journals concerning aging and geriatrics.

## XIV. DEPARTMENT OF VETERANS BENEFITS

### COMPENSATION AND PENSION PROGRAMS

Disability and survivor benefits such as pension, compensation, and dependency and indemnity compensation administered by the Department of Veterans Benefits provide all, or part, of the income for 1,798,406 persons age 65 or older. This total includes 1,224,357 veterans, 533,832 surviving spouses, 34,426 mothers, and 5,791 fathers.

The Veterans' and Survivors' Pension Improvement Act of 1978, effective January 1, 1979, provided for a restuctured pension program. Under this program, eligible veterans receive a level of support meeting a national standard of need. Pensioners generally receive benefits equal to the difference between their annual income from other sources and the appropriate income standard.

This Act provides for a higher income standard for veterans of World War I or the Mexican border period. This provision was in acknowledgement of the special needs of our older veterans. Effective December 1, 1987, an additional $1,404 is added to the basic pension rate. Effective December 1, 1988, the additional allowance will be $1,461. Pensioners receiving benefits under the prior program were provided the opportunity to elect to receive benefits under the new program.

### VETERANS ASSISTANCE SERVICE

Veterans Services Division personnel maintain liaison with nursing homes, senior citizen homes, and senior citizen centers in regional office areas. Locations are visited as the need arises. Appropriate pamphlets and application forms are provided to personnel at these homes during visits and frequent use of regular mailings. State and Area Agencies on Aging (AAA) have been identified and are provided information on VA benefits and services through workshops and training sessions.

The Veterans Assistance Services exhibit, "Veterans Benefits for Older Americans," highlights, by pictures and accompanying text, the various benefits explained in the pamphlet of the same title (VA Pamphlet 27-80-2). The exhibit, designed to convey the Veterans Administration's concern with the aging veteran populations, has been displayed extensively at meetings addressing problems of aging. The pamphlet was given wide distribution at the President's Committee on Employment of the Handicapped and the National Council on Aging conferences, and by information and referral representatives at field stations.

With the cooperation of a major veterans' service organization, Veterans Assistance Service continues a program of providing World War I veterans and surviving spouses with information and claims processing assistance on existing VA benefits and services. Every veteran or widow/widower responding to a notice in the organization's publication is contacted for the purpose of reviewing present entitlement to new or increased benefits. An outreach program of service to homeless veterans, to include those who are elderly and ill, has been initiated by DVB in cooperation with DM&S Social Work Service (SWS) and Vet Center Team Leaders.